



Wisconsin's Health Care Workforce 2012 Report

A report by the Wisconsin Hospital Association

Wisconsin's Health Care Workforce 2012 Report

A Report by the Wisconsin Hospital Association

Table of Contents

Executive Overview 1

Wisconsin Health Care Workforce and the Economy 2

Currently in Wisconsin 3

 Hospital Job Vacancies 3

 The Aging Workforce 6

 Wisconsin Workforce Demographics 7

 Workforce Planning Plays Critical Role 8

Emerging Occupations in the Health Care Workforce 8

 Physician Supply 8

 Advanced Practice Professionals 8

 Advanced Practice Nurses 9

 Physician Assistants 10

 Advanced Practice Professionals’ Role in the Health Care Delivery System 11

Other Workforce Considerations 12

 Aging Professionals 12

 Demand for Clinical Education Experience and Work Sites 12

Summary and Recommendations 13

References 14

Executive Overview

Hospitals that struggled to fill many key positions just four years ago are now reporting historically low vacancy rates of less than five percent in all but three categories: certified nursing assistants, physical therapists and occupational therapists. Even among those groups, the vacancy rates do not exceed seven percent.

The Wisconsin Hospital Association conducts an annual hospital workforce survey of vacancies for selected clinical occupations. Health care employs more than 300,000 people in Wisconsin, with hospitals employing nearly one third of these workers. Health care is a significant industry sector in the state, employing 13 percent of the total non-farm workforce. In addition to hospitals, the health care sector also includes nursing and residential care facilities and ambulatory care centers.

While vacancy rates are low, that doesn't mean there are not challenges now and ahead for hospital human resource managers. Staffing challenges are a fact of life because of the size of the workforce required to staff a hospital 24 hours a day, seven days a week, 365 days a year. Hospitals are often the largest employers in their communities so natural attrition accounts for open positions.

The recession has eased staffing shortages in the short term as older workers returned to work and existing employees took on more hours. In addition, the recession profoundly slowed the rate of retirements in hospitals. Over time, two things will happen. The economy will recover and older workers will retire. Conscientious managers are developing strategies to fill positions they know will be available as their more senior, experienced employees leave the workforce. Replacing these workers will not be easy. Even though there are plenty of people looking for work, they often do not have the knowledge or experience to meet the requirements of available positions.

As the number of older citizens leaving the workforce in Wisconsin outpaces the number of younger workers entering it, hospitals will compete with other industry sectors to attract a skilled and knowledgeable workforce, which increases the likelihood of shortages in the future.

Wisconsin Hospital Association Recommendations

Waiting to see how the future unfolds is not an option. Workforce planning can and should be done at the state level to ensure that no matter where people live, they have a well-prepared health care workforce available to provide their care. To accomplish this, Wisconsin must:

1. Collect professional workforce data. Use that data to create and launch a plan for the health care workforce in Wisconsin. Monitor with particular care the Advanced Practice Professional workforce.
2. Establish a statewide entity that will collect and analyze health care workforce data, develop supply and demand projections and coordinate workforce planning.
3. Review and consider opportunities for clinical learning experiences for physicians and APPs to ensure that an expanded number of students can be placed in learning experiences.
4. Employers and education programs must work together to initiate health care workforce conversations, actions and policy initiatives.
5. Examine scope of practice issues for all health care occupations to ensure that we can provide high quality care to all patients at an affordable price.
6. Promote health care as a desirable, rewarding career.

Wisconsin can be proud of its high quality of health care. The workforce is a critical component of that quality. Wisconsin must pay close attention and take the necessary actions to ensure that it has an adequate health care workforce to maintain its reputation for delivering high quality, high value patient care.

Wisconsin Health Care Workforce and the Economy

Job creation and getting people back to work are critical components to economic recovery. A shortage of jobs is often one of the biggest issues. Many Wisconsin employers have jobs available, but they report that they are not able to find qualified applicants to fill those positions. Wisconsin has more than enough unemployed individuals seeking work to meet the needs of employers, but those without a job and seeking work often do not have the knowledge or skills to meet the job requirements. This is referred to as the job/skills "mismatch." The most frequently cited example of this problem is in manufacturing, where employers say they are not able to hire welders.

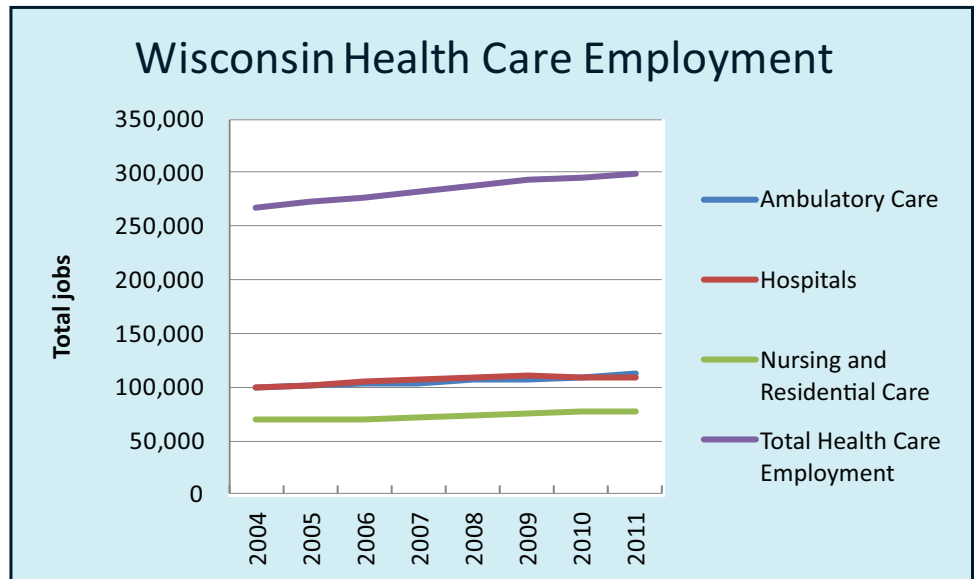
Hospitals have long reported that it is a challenge to find qualified workers to take the place of the highly-skilled and educated employees who leave the workforce. Hospitals have always had positions that were difficult to fill, mainly because individuals with the necessary preparation and skills were not available for those jobs. Historically, nursing positions have been the most difficult to fill, but Wisconsin schools of nursing have successfully increased capacity and, at this time, hospitals are able to find applicants that have the skills needed for most nursing positions. However, physician recruitment best illustrates the issue of having a position open, but the applicants are not qualified for the position. Hospitals are also finding that openings for advanced practice professionals, physical and occupational therapists and skilled intensive care nurses are difficult to fill for the same reason.

Hospitals, along with many other industries, are experiencing a mismatch between openings and applicants qualified to fill the positions. Tim Sullivan, special consultant to the Governor on economic, workforce and education development, produced a report titled, *The Road Ahead: Restoring Wisconsin's Workforce Development* at the request of Governor Walker; Competitive Wisconsin released *Be Bold 2: Growing Wisconsin's Talent Pool* with a focus on workforce; and the Governor's College and Workforce Readiness Council is working on a report that is expected in January 2013. The topic is timely in Wisconsin and there is agreement that Wisconsin's economic success and continued resolution of the recession is tied to the availability of a well-prepared workforce. The timing and grouping of these powerful reports indicate that Wisconsin is serious about addressing present and future workforce issues.

The studies and reports referenced above illustrate the importance of developing a comprehensive statewide workforce strategy. That strategy must be informed through the use of surveys and other data that demonstrate projected supply and future demand for health care workers. This information is critical to hospitals, education facilities, and to the public to ensure that as jobs become available there is a well-prepared professional available for that position. The Wisconsin Hospital Association is supportive of a statewide strategy for workforce development and evidence-based planning that makes the best use of the state's fiscal and human resources.

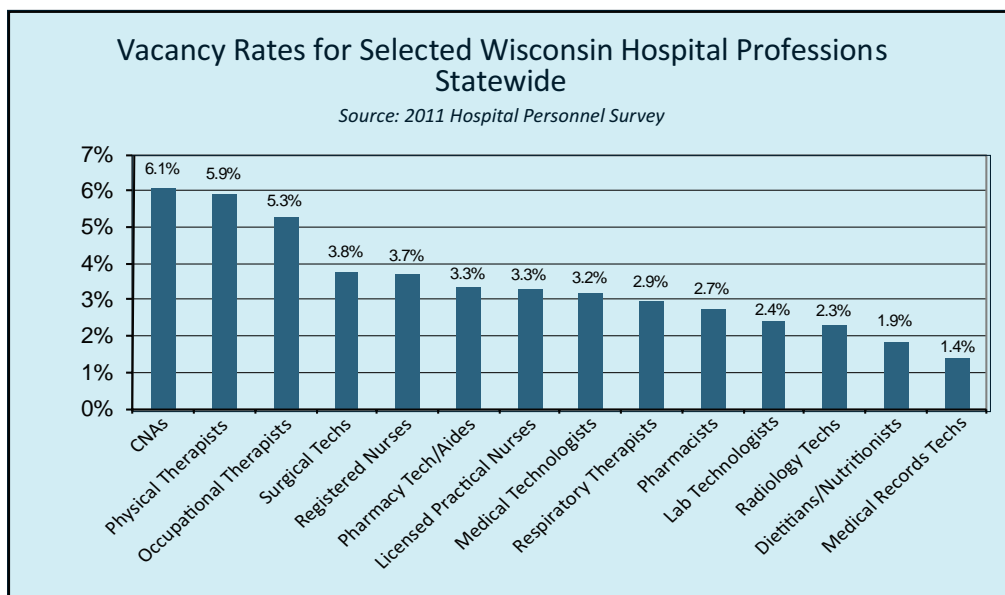
Currently in Wisconsin

In fall 2012, hospitals employed 110,000 individuals (source: WORKnet query, Nov 2012). The health services employment sector, which includes hospitals as well as nursing and residential care facilities and ambulatory care, employs over 300,000 individuals—that's more than 13 percent of the total non-farm workforce in Wisconsin. This sector of Wisconsin's economy has been more stable than most others during the economic recovery and has seen an increase in jobs and employment since 2004. Employment in nursing and residential care facilities and ambulatory care has increased, while hospital employment has declined slightly. These changes reflect the ongoing movement of health care away from inpatient, acute care facilities to outpatient and ambulatory sites. This data is available at and was retrieved from the State of Wisconsin WORKnet site: <http://worknet.wisconsin.gov/worknet/>.



Stable employment numbers make jobs in health care attractive. There are limited risks of layoff or job loss, strong indicators that growth will continue and jobs that offer reasonable wages and benefits. The recession and post recession economy have also encouraged health professionals to return to the workforce or increase their work hours. This trend has been in place since 2008—the year in which total vacancies and vacancy rate peaked.

Hospital Job Vacancies



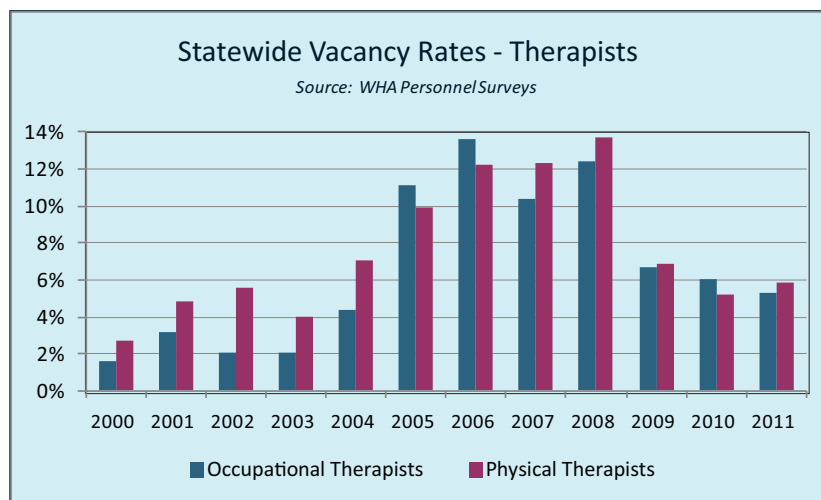
The current environment has allowed hospitals to retain workers and when necessary, hire workers in most job categories. The Wisconsin Hospital Association has conducted a workforce survey annually for the past 11 years for selected clinical occupations. The most recent data shows that vacancies in all of the clinical occupations are relatively low.

The most recent data, collected in October of 2011, indicates that three groups have a vacancy rate that exceeds five percent: certified nursing assistants, physical therapists and occupational therapists. The vacancy rates in

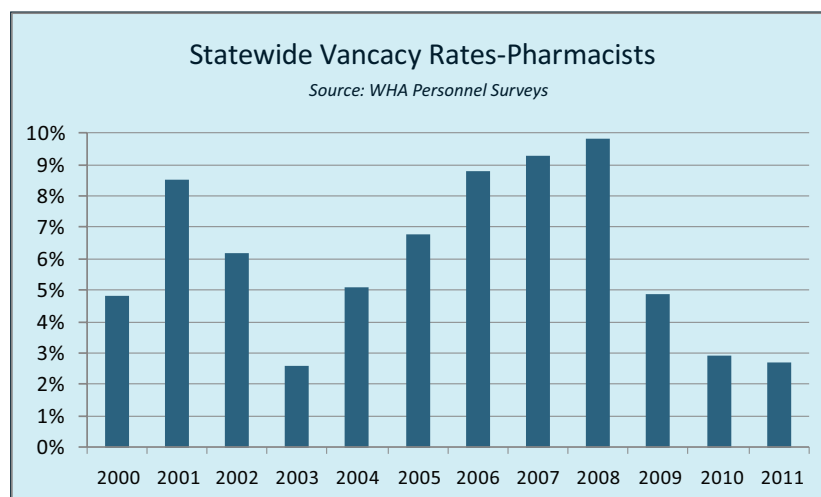
these three occupations are an indicator that hospitals are having trouble filling these jobs.

Certified nursing assistant (CNA) positions stand out with the highest vacancy rate of the occupational groups surveyed. With a relatively short educational timeline, CNAs are different than the other groups included in the survey. Programs of at least 120 hours prepare individuals for the practical exam required to become a CNA in Wisconsin, and there are well over 80 programs listed on the Wisconsin Department of Health Services website at: www.dhs.wisconsin.gov/caregiver/pdffiles/NATrgProgs.pdf. All of the other reported occupations are characterized by long educational programs, and shortages often parallel capacity in the educational programs. In contrast, CNAs have a much shorter training duration and there are a sufficient number of programs statewide. One contributing factor to the vacancy rate is that many CNAs are temporarily in their job as they pursue additional education for another health occupation. For example, all of the nursing programs in Wisconsin require that entering students have completed a CNA program. Student nurses can then work as CNAs while they are in a RN program, which allows them to not only gain on-the-job experience, but also helps them meet education expenses. After completing their nursing studies, however, they move from CNA to RN. This turnover can be predicted; however, it still presents a challenge to fill the vacancies it creates.

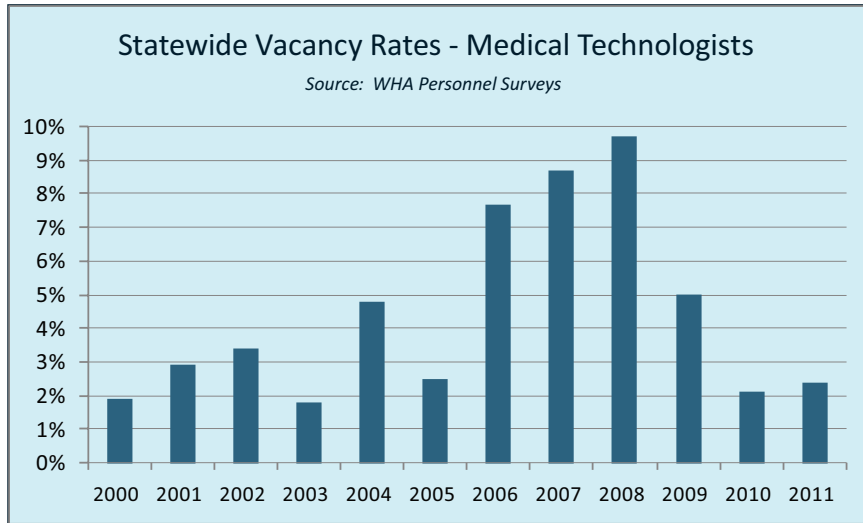
Physical therapist and occupational therapist positions both have current vacancy rates above five percent. These professions require educational preparation of more than five years. There has been no growth in educational capacity, and recruiting for these professionals remains a challenge for hospitals. Still, it is important to note that the current vacancy rate for each of these occupations is well below the peaks seen in 2006 and 2008 when hospitals were experiencing vacancy rates above 12 percent for therapists.



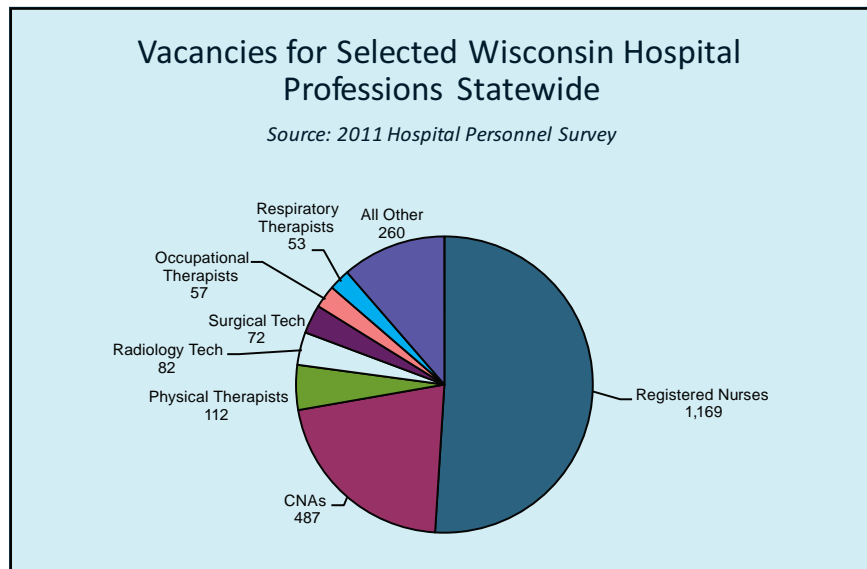
The good news is that occupational groups that have traditionally been a recruitment focus for hospitals and have been very difficult to fill now have vacancy rates below five percent. Pharmacist positions have in the past been difficult to fill and have been the focus of intensive recruitment efforts. In 2011, pharmacist vacancy rates fell to below three percent.



The same is true for medical technology positions. This is a group where positions have been difficult to fill, and current vacancy rates are well below the 2008 peak.

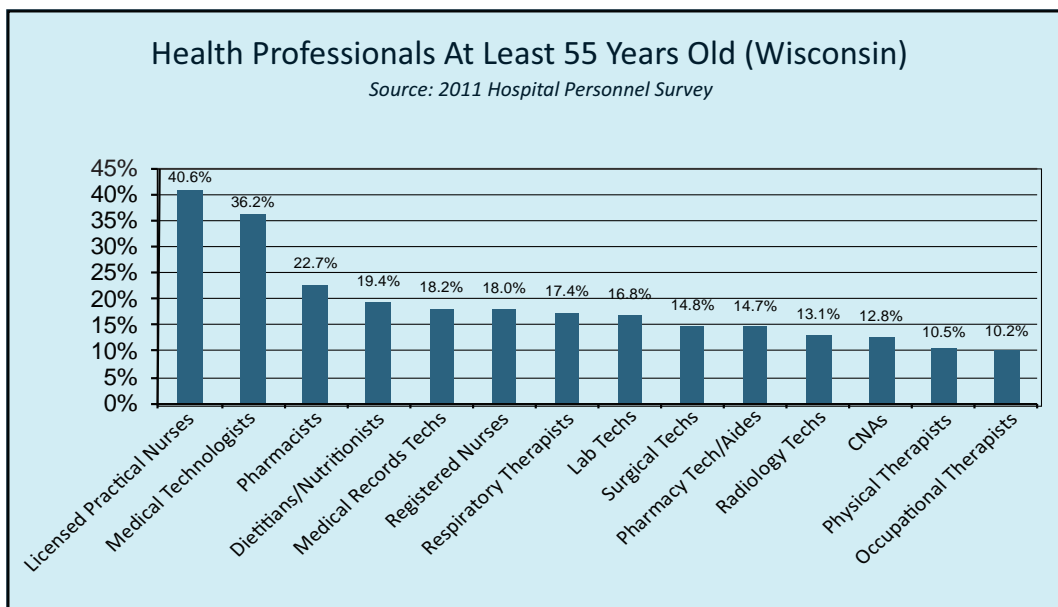


Relatively low vacancy rates do not necessarily mean that there are not hospital jobs available. Hospitals are large employers in Wisconsin. Even a relatively low vacancy rate results in many positions being open and available. The vacancy numbers shown for the 14 occupation groups included in the WHA survey still reflect nearly 2,300 open positions, with the greatest number of those being registered nurse positions, followed by certified nursing assistants.



The Aging Workforce

The current economy creates an unexpected dynamic. In better economic times, health care workers would plan to retire as they approach 60 years of age. Now workers that age are often staying in the workforce for reasons related to personal finances. When the economy improves, or when the physical realities of age set in—whichever comes first—their ability to work will be self-limiting, and they will leave the workforce. That will create new job opportunities for qualified applicants. There is a concern that if, or perhaps more realistically “when” a lot of employees retire at once, hospitals will find themselves, again, with high vacancy rates and difficult-to-fill positions. Three occupational groups in hospitals appear to be on the verge of seeing a significant number of retirements: licensed practical nurses, laboratory technologists and pharmacists. These groups are not among those reporting current vacancies above five percent, but the age of the workforce alone may change that in the near future. The graph below shows the ratio of these hospital employees that are over age 55.

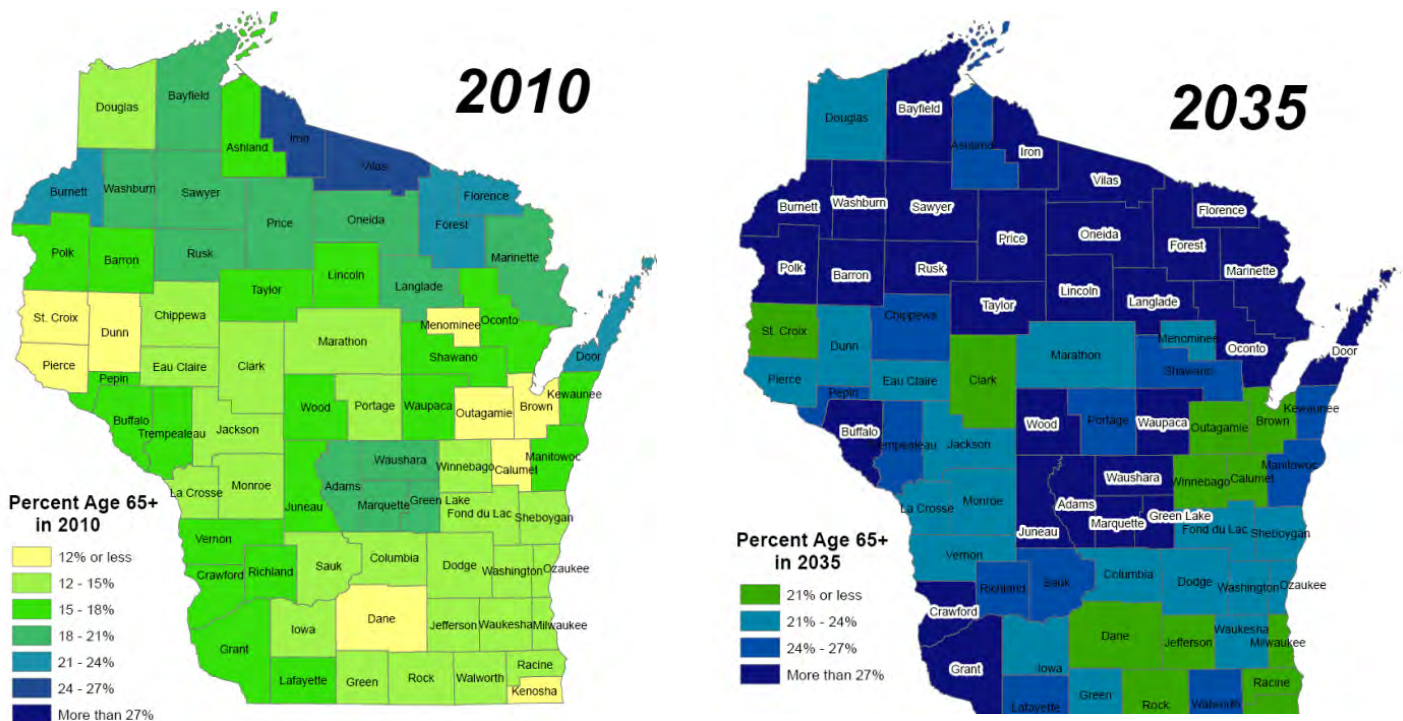


Over 40 percent of licensed practical nurses (LPN) are older than 55 years of age. Many hospitals are no longer using LPNs or have decreased their utilization. The age of the current employees reflect that individuals are no longer being hired into these positions and it is likely that as LPN positions are vacated by retirements, the positions will be recruited for and filled by other occupational groups.

Retirement of medical technologists, with more than 36 percent of current workers older than 55, will create new, difficult-to-fill vacancies. Closure of the University of Wisconsin-Madison’s program has resulted in fewer graduates statewide in the occupation. The 2012 Wisconsin Clinical Laboratory Science Workforce Survey reports that there are already more vacancies for medical technologists than were reported in their 2010 survey, and there are clearly retirements on the horizon.

Pharmacists are the next oldest group of hospital employees, according to the WHA survey. However, the fact that 22.7 percent of hospital pharmacists are over age 55 is not as concerning as the percent of laboratory workers that are over 55 years of age. Unlike the laboratory workers where educational program capacity has decreased, a new pharmacy program has opened in Wisconsin, joining the University of Wisconsin-Madison program. Concordia University Wisconsin, School of Pharmacy will graduate a class of 71 in 2014. The class is comprised of 66 percent Wisconsin residents so there is reason to be hopeful that they will stay in Wisconsin to fill positions created by retirements.

Wisconsin Workforce Demographics



Source: Wisconsin Department of Health Services website

Wisconsin is an aging state with a slowing birthrate. These maps show how Wisconsin counties have and will age over several decades. This means more individuals will leave the workforce than join it. The increasing number of older citizens will use more and different public services, have less money available for consumer purchases and likely have less taxable income. They will increase the demand for health care, but because of reduced revenue, Wisconsin will have less ability to provide and fund that care. The aging of Wisconsin means it will be harder for all employers to find qualified workers and hospitals will experience shortages of key health care personnel at the same time that the number of residents that require care will increase. The phenomenon of an aging Wisconsin is a concern of Dennis Winters, chief, Office of Economic Advisors, Department of Workforce Development. He describes these changes as:

- Unprecedented – we have never faced a declining workforce before;
- Assured – demographics will change little; and,
- Unalterable – demographic patterns do not change abruptly.

Tim Sullivan, who was retained by Governor Scott Walker to write a state workforce report, *“The Road Ahead: Restoring Wisconsin’s Workforce Development,”* states:

“Wisconsin faces an aging population. Between 2010 and 2014, the number of senior residents in Wisconsin will nearly double, increasing from 777,000 to 1,544,000. Over the same time, our working age population will grow from 3,570,000 to 3,585,000—an increase of 0.4%. Baby boomers are also aging out of the workforce, leaving gaps that cannot be met by our current projected populations, or the education system in which they develop working skills.” (page 8).

A stable or smaller workforce means that all occupations and industry sectors will compete for a skilled and knowledgeable workforce that is smaller and shortages are highly likely.

Workforce Planning Plays Critical Role

Despite the fact that hospital employment has been described as stable during the recent recession and recovery, hospitals have found some, but not all occupational positions difficult to fill. Why? In a stable environment some educational programs have grown—others have not. Some occupational groups are much older than others with a higher retirement rate. Some occupations have seen demand grow outside of hospital employment leaving fewer individuals available for hospital positions. Educational programs have in some, but not all, cases responded to increased industry demand. Even in a period of relative employment stability, health occupation supply has been inconsistent and unpredictable.

It is important that Wisconsin end the mismatch of available hospital positions for health care workers and the pool of individuals prepared to fill those positions. Most of these positions require a prolonged educational period. When a position becomes difficult to fill, even if educational programs respond with increased capacity, years will pass before graduates are available to enter the workforce. This process has years of delay built into it, which could be prevented with proactive data collection, analysis and action. It is time for Wisconsin to become serious about health care workforce planning.

An analysis of all the factors that affect workforce supply and demand should be used to create a statewide plan that will ensure a right-sized workforce, ready at the right time to provide health care in Wisconsin. These factors include a review of the current health care workforce, an inventory of the educational capacity in Wisconsin's health care occupational programs and an understanding of health care public policies that affect utilization.

Emerging Occupations in the Health Care Workforce

An emerging trend is the employment of physicians and advanced practice professionals. When the WHA annual workforce survey was initiated 11 years ago, the numbers of these professionals directly employed by hospitals was not significant, and they were not included in the survey. Today that has changed.

Physician Supply

In what has become a landmark report on Wisconsin's physician workforce, the Wisconsin Hospital Association reported in *"100 New Physicians a Year: An Imperative for Wisconsin,"* that it is estimated that Wisconsin will be short more than 2,000 physicians by 2030. That predicted physician shortage is magnified by an under-representation of primary care providers in the workforce and a mal-distribution of physicians that favors urban and suburban parts of Wisconsin while significantly impacting rural Wisconsin. Expanded programs for basic medical education and resident training, new models of training and different methods for delivery of medical care are all part of the current conversation.

Advanced Practice Professionals

Health care economic factors, difficulty in recruiting of physicians and evidence that advanced practice professionals have a positive effect on patient care quality has led to logical consideration of the expanded use of these professionals to provide patient care. Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA) have become attractive additions in primary care settings and in the hospital workforce. Both groups have demonstrated good results with patient care outcomes and patient satisfaction. Both have a significantly shorter, less expensive training path than physicians. As new positions are created or expanded and recruitment for positions begins, the questions of supply, distribution, preparation and skill sets become important.

In the past, the annual WHA workforce report has not included vacancy or age data for advanced practice professionals (APP). As the hospital roles for these practitioners have grown in both size and importance, it has become clear that they should have been included, and in the future, they will be integrated into all reports. While WHA has only three years of this information, it can begin to report on employment trends.

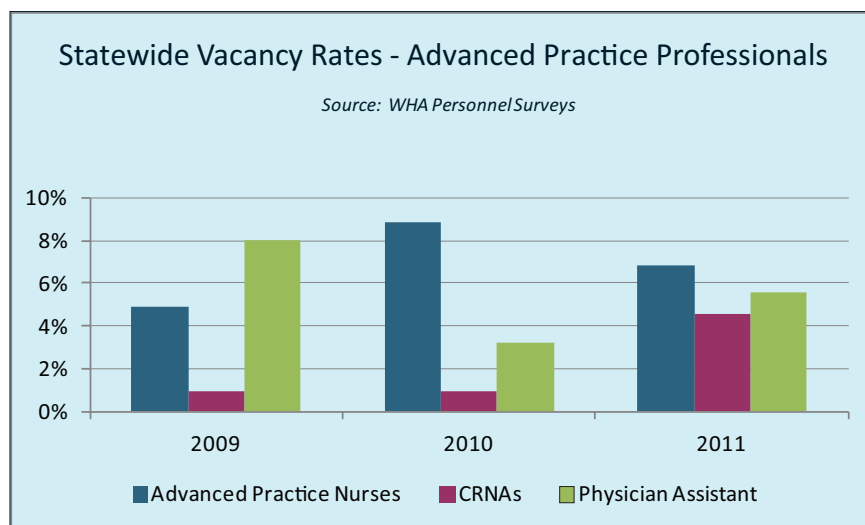
Hospitals report that in fall of 2011, they employed persons in the following APP positions:

2011 Hospital Reported Positions	Full time	Part time	Consultant and/or Contracted Staff	Total
Certified Registered Nurse Anesthetists	181	49	44	274
Physician Assistants	193	93	130	416
Advanced Practice Nurses	496	218	382	1096

The number of APP positions reported is increasing with the following change between 2009 and 2011:

Number of total positions reported	2009 Total	2011 Total	Percent Change
Certified Registered Nurse Anesthetists	198	274	+38%
Physician Assistants	329	416	+26%
Advanced Practice Nurses	709	1096	+55%

Creating new positions has also resulted in new recruitment challenges as shown by the resulting vacancy rates for these occupational groups as of fall 2011.



Advanced Practice Nurses

Nurses practice in a variety of settings, often considering themselves to be in an ‘advanced practice.’ In Wisconsin and in this report, the term refers to only four groups of advanced practice registered nurses (APRN): certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), clinical nurse specialists (CNS) and nurse practitioners (NP), as these are the groups that can be certified by the Wisconsin Board of Nursing as advanced practice nurse prescribers (APNP).

Educational programs preparing nurse practitioners appeared in the 1960s, but nurse midwives and nurse anesthetists have a much longer history. Early APRN practice may have been primarily in office and outpatient practices, but today that tradition does not reflect the many locations of advanced nursing practice. The new practice site most visible to the public is probably the convenient-care clinic located in a retail store or pharmacy. However, APRNs are also increasingly working in hospitals. They can be found in hospital emergency and urgent care departments, ambulatory and inpatient units and working within hospitalist practices.

The total number of APRNs in Wisconsin is unclear. Of the four subgroups of APRNs, only CNMs are licensed in the state of Wisconsin. There is no licensure beyond the RN licensure for CRNAs, CNSs or NPs, nor is there title protection for the

labels NP or APRN, with a result that a variety of individuals that use the titles. Preliminary information from the 2012 RN re-licensure survey indicates that there are at least 5,000 RNs working as advanced practice nurses in Wisconsin, and another 200 that indicate that they are prepared as advanced practice nurses, but not currently in active nursing roles. As demand for APRNs increases, so has the need for good workforce data and an investigation of the current educational capacity.

The Department of Safety and Professional Security (DPS) reports that there are 4,044 APNPs certified in Wisconsin. This means that more than 75 percent of APRNs are nurse prescribers.

There are 12 educational institutions in Wisconsin that prepare APRNs. To become an APRN today requires a master's degree, but that was not always the case. About 70 percent of APRNs in Wisconsin between the ages of 30 and 65 have a master's degree. "The Registered Nurse Population," a report of the 2008 National Sample Survey indicated that nurses generally complete NP programs 12 years after they complete their initial nursing education, which means they enter their positions at an older age than many of the other health occupations. For that reason, APRNs are older than the RN population in Wisconsin. Like the RN workforce, APRNs are nearly all female.

Being able to predict demand for and the future supply of health care workers is difficult—but important—work to be done to ensure that Wisconsin is well prepared to meet the future demand. Wisconsin has a nurse supply and demand forecast model that can be used by policy makers, educators and employers to make informed decisions about ensuring an adequate nursing workforce. This work has been done based on information from the annual re-licensure survey of nurses. Today, this same supply and demand information on the APP workforce is not available.

David Auerbach (*Medical Care*, Vol. 50 , No. 7) has developed a national model for predicting the nurse practitioner supply. Using past behavior instead of school enrollments or graduation trends, he predicts a 94 percent increase in the number of NPs (nationwide) in practice between 2008 and 2025. His prediction considers the age of nurse practitioners and a significant retirement rate for NPs who are baby boomers. It would be extremely valuable to have an accurate Wisconsin-based estimate to guide educational programs and state policy, but that would require a state-based analysis of educational programs and sufficient responses from Wisconsin-based APPs.

Physician Assistants

Physician assistants (PA) provide care to patients under the supervision of a physician. Educational programs preparing physician assistants first opened in the 1960s. The profession emerged as a way to utilize the knowledge and skills of returning Vietnam veterans that had served in medical roles.

Wisconsin currently has four programs that prepare physician assistants, and the University of Wisconsin has announced an expansion of its program into the Wausau area, which will increase program capacity by 24 students. Concordia University of Wisconsin has announced that it will open a new PA program with the first class scheduled to begin in June of 2013. Class size for this program will be 30 students.

A workforce survey was conducted with re-licensure of physician assistants in early 2012. This survey has provided better information about the PA workforce, which allows for a good description of the current PA workforce supply.

- There are 2,122 PAs currently licensed by the State of Wisconsin.
- 94.9 percent of survey respondents report working as a PA in Wisconsin.
- Half of these license holders graduated from PA programs in Wisconsin.
- 35 percent of PAs report working in primary care.

The age distribution of all Wisconsin PAs is shown in the table. Very few PAs are over age 65, which would be expected because of the age of the profession itself.

Age Group	Percentage of Licensed PAs
Under 25	2.0 %
25-34	35.7 %
35-44	26.7 %
45-54	19.5 %
55-64	14.7%
65 and over	1.5 %

The profession began primarily with returning military veterans that were male, but females account for an increasing percentage of licensed PAs in Wisconsin.

PA Age Group	Percent Female
Under 25	90.0 %
25-34	82.8 %
35-44	66.9 %
45-54	59.8%
55-64	39.2 %
65 and over	24.1 %
Total	67.0 %

The American Academy of Physician Assistants conducts a census of physician assistants. The 2010 Report provides national data that likely represents the Wisconsin cohort as well. The report indicates that:

- 15 percent of PAs hold more than one clinical job concurrently
- The median number of years in practice is seven
- 83.2 percent of PAs work full time
- Inpatient units and hospital emergency rooms were the two most frequently identified practice settings

The statewide data reported above is the result of a voluntary survey conducted with re-licensure. More inclusive data and a supply and demand forecast would be useful for defining need for educational capacity for physician assistant preparation in Wisconsin.

Advanced Practice Professionals' Role in the Health Care Delivery System

There is much conversation about and little debate that a primary care shortage is on the horizon. An aging population, population growth and coverage expansions are predicted to outpace the growth of physician primary care providers. The National Institute for Health Care Reform Policy Analysis No. 7, December 2011, reports that "most national studies indicate that while the supply of primary care practitioners is increasing, it is neither sufficient for current needs nor keeping pace with demand."

Advanced practice providers are almost always suggested as a way to address, but not totally resolve, the shortage. Action is needed to enhance the supply, skills and distribution of the primary care physician supply. Simultaneously, Wisconsin should also carefully expand the number of APPs and perhaps their scope as well.

Other Workforce Considerations

Aging Professionals

A seemingly simple solution to future workforce shortages is to extend the work life of all health care professionals. Adding five or ten years to each individual's work career by delaying retirement certainly seems like a rapid way to increase the number of workers—at a low cost. To a degree this has happened as the result of the current economic environment. Hospitals report that many employees are delaying retirement while saving for larger retirement accounts. Older workers have experience and wisdom that make them valuable members of the team; however, physical and mental requirements of many health occupations place an upper limit on the age at which the work can be done. The work of lifting, walking, bending, etc. will limit the career of many health care workers, while the ability to do complex calculations and problem solving at a rapid fire pace will limit the career of others.

Demand for Clinical Education Experience and Work Sites

Increasing the number of any or all of the health occupations named in this report will require access to clinical learning experiences. The requirements vary by occupational group and are often outlined in accreditation or approval standards for programs. Most of these experiences occur in hospitals, and many hospitals continue to receive additional requests for student learning opportunities.

In acute care settings, patient days are decreasing as care delivery moves to more ambulatory settings and lengths of stay diminish. Patients in some hospital units are exposed to many students during their stay. The question must be asked, "What is the right number of students that patients should be exposed to?" Many Wisconsin hospitals are at the point where requests for new or more student learning experiences are examined much more closely than in the past. Some have declined to take additional students.

If the health care workforce is to grow as needed to meet citizens' needs, new clinical learning locations, new methods and new strategies for student learning will be needed. New strategies such as use of simulation will need to be expanded as will the use of many other types of learning locations for students. In addition, accrediting agencies will need to be willing to consider alternative methods for skill acquisition by students.

Summary and Recommendations

Health care is an important economic sector in Wisconsin. It supports more than 13 percent of the jobs in Wisconsin and provides good paying careers with benefits. Health care has been a stable employer throughout the recession and post-recession period. The quality of health care provided by the health care sector attracts individuals to Wisconsin to live and work, it brings former residents back to raise their families and retire and it is a recruitment tool that communities use to encourage businesses to locate in Wisconsin.

Health care delivery is likely to change dramatically in the near future. Anticipated increases in the number of individuals accessing care and the increasing health care needs of an aging population will increase the demand for care. Changes to reimbursement levels and methodology along with advances in technology will also create change which is likely to lead to models of care with current professionals being used in new ways. Whether or not the country will have an adequately-prepared health care workforce to meet the challenges is the topic of much debate.

Many references to the health reform law conclude that patient access and demand for care will increase. That law also offered provisions to increase the health care workforce. Other forces that are in play at the federal level, such as payment reductions, could lead to reductions in the workforce, or at least less interest in entering a health care profession.

Waiting to see how these issues will impact Wisconsin's health care workforce is unwise. Workforce planning can and should be done at the state level. Wisconsin stakeholders can have an influence in the following areas:

- Capacity at educational facilities to ensure that they have the capacity for and the appropriate number of health professionals to meet the anticipated demand;
- Wisconsin can create its own professional licensure permissions and restrictions;
- Create interest in health careers by reaching out to current and potential students; and,
- Develop workforce policy that will help avert a shortage of health care professionals.

Wisconsin Hospital Association Recommendations

Wisconsin should take all of the actions listed above to ensure that our residents, wherever they live, have a well-prepared health care workforce available to provide their care. To accomplish this, the Wisconsin Hospital Association recommends that Wisconsin must:

- Collect professional workforce data. Use that data to create and launch a plan for the health care workforce in Wisconsin. Monitor with particular care the advanced practice professional workforce.
- Establish a statewide entity that will collect and analyze health care workforce data, develop supply and demand projections and coordinate workforce planning.
- Review and consider opportunities for clinical learning experiences for physicians and APPs to ensure that an expanded number of students can be placed in learning experiences.
- Employers and education programs must work together to initiate health care workforce conversations, actions and policy initiatives.
- Examine scope of practice issues for all health care occupations to ensure that we can provide high quality care to all patients at an affordable price.
- Promote health care as a desirable, rewarding career.

Wisconsin can be proud of its high quality of health care. The workforce is a critical component of that quality. Ensuring that Wisconsin has, now and in the future, the workforce necessary to maintain the high-quality, high-value care that Wisconsin residents expect to receive requires attention and action.

References

Tim Sullivan. The Road Ahead: Restoring Wisconsin's Workforce Development can be found at:
<http://www.thewheelerreport.com/releases/August12/0821/0821doareport.pdf>

Competitive Wisconsin. Be Bold 2: Growing Wisconsin's Talent Pool can be found at:
http://www.competitivewi.com/wp-content/uploads/2012/10/BeBold2_Study_October2012.pdf

Wisconsin's WORKnet, source for hospital employment data. Query done at:
<http://worknet.wisconsin.gov/worknet/downloads.aspx?menuselection=da&pgm=CES>

At a Glance: Wisconsin Clinical Laboratory Science Workforce Survey Report, 2012. Accessed at:
<http://www.dhs.wisconsin.gov/publications/p0/p00404.pdf>

Dennis Winters, Chief, Office of Economic Advisors, Wisconsin Department of Workforce Development. PowerPoint presentation found at: http://worknet.wisconsin.gov/worknet_info/presentations/2012/knh2go_01_27_12.pdf. This is one of many places that Winters has presented this information.

Janet Selway. Nurse Practitioners: a Vital Force in Health Delivery. The American Nurse Today. Sept 2012. Vol.7 No.9 p8-11.

Thomas Walsh, Regional Economist, Office of Economic Advisors. Wisconsin Department of Workforce Development, 2012 RN Relicensure Survey, APN Interim Report to Wisconsin Health Care Data Collaborative. October 2012.

U.S. Department of Health and Human Services, Health Resources and Services Administration. The Registered Nurse Population: Findings from the 2008 National Sample Survey of the Registered Nurses. September 2010.

The Heritage Foundation. Backgrounder 2493. Not enough Doctors? Too Many? Why States Not Washington, Must solve the Problem. Roger E. Meyer, MD 2010 Accessed at: <http://www.heritage.org/research/reports/2010/11/not-enough-doctors-too-many-why-states-not-washington-must-solve-the-problem>

Tom Walsh. 2012 Wisconsin Physician Assistant Survey: Preliminary Results and Analysis. April 2012.
http://www.ahcc.wisc.edu/WHWDC/pa_prelim_report.pdf

American Academy of Physician Assistants. Physician Assistant Census Report: Results from the 2010 AAPA Census. Accessed at: http://www.aapa.org/uploadedFiles/content/Research/2010%20Census%20Report%20National%20_Final.pdf

Emily Carrier, Tracy Lee and Lucy Stark. Matching Supply to Demand: Addressing the U.S. Primary Care Workforce Shortage. National Institute for Health Care Reform. Policy Analysis No. 7. December 2011.

David Auerbach. Will the NP Workforce Grow in the Future? Medical Care, Vol 50, Number 7, July 2012. Accessed at: www.lww-medical-care.com

Wisconsin Taxpayer's Alliance. The Wisconsin Taxpayer. November 2011 issue. Wisconsin's Most Puzzling Challenge: Demography.

License holder information for Wisconsin Accessed at:
<http://dsps.wi.gov/Default.aspx?Page=f20503ad-24b6-4c74-8b71-2f6719552479>



WISCONSIN HOSPITAL
ASSOCIATION

A Valued Voice

PO Box 259038, Madison, WI 53725-9038
608-274-1820 / Fax: 608-274-8554 / www.wha.org