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Wisconsin's Urgent Need for Collaborative Health Workforce Planning

A statement of the Wisconsin Department of Workforce Development's Select Committee on Healthcare Workforce developed by the Wisconsin Health Workforce Data Collaborative

Follow-up questions are welcomed to Wisconsin Health Workforce Data Collaborative Chair Tim Size at timsize@rwhc.com

I. The Health Workforce Challenge for Wisconsin

For several years, health care analysts and economists have been predicting massive and growing shortages of health workers in the United States. According to a new Institute of Medicine publication, *Retooling for an Aging America: Building the Health Care Workforce,* the United States will need an additional 3.5 million health care providers by 2030 just to maintain the current ratio of providers to the total population. This is a 35% increase over current levels.

An article on health care workforce by Daniel W. Rahn and Steven A. Wartman in the November, 2007 issue of the *Chronicle of Higher Education* further makes the case that we are facing a crisis:

> "The United States faces a looming shortage of many types of health-care professionals, including nurses, physicians, dentists, pharmacists, and allied-health and public-health workers. The results will be felt acutely within the next ten years. Colleges and health science programs will all be affected by demographic, technological, and bureaucratic trends driving the pending crisis… . **The final crucial factor precipitating the health care workforce crisis is a lack of comprehensive workforce planning on the parts of academe, government, and the health care professions.**"

Health workforce data analysis (including collection) and forecasting is necessary to develop an effective response to the health workforce shortage threatening our most vulnerable communities. A healthy Wisconsin requires a sufficient, diverse, competent and sustainable health workforce. The public's health is dependent upon an adequate supply of personnel in all health settings: public health, hospitals, primary care practices, specialty care, long term care, home care, pharmacies, dental care facilities, mental health facilities, rehabilitation, and a variety of other support service settings.

Effective health workforce planning and development <u>requires</u> the ongoing collection and analysis of supply, demand and distribution data. This work necessitates a public-private partnership.

Some federal data regarding the status of certain health professions is available. For example, the Health Resources and Services Administration (HRSA) has a workforce shortage forecasting tool. However, it is designed to be a national tool, so the small size of the Wisconsin sample means it is not accurate at the state level. In addition it is mostly limited to the nursing profession. Wisconsin needs to conduct comprehensive information-gathering regarding the status and future of the health occupations around the state. In addition, because of federal funding cuts, reports and analysis previously generated by the National Center for Health Workforce Information and Analysis in the HRSA Bureau of Health Professions have not been updated. As a result, states must be proactive in collecting their own data to project state health workforce needs.

Health professions' educational programs, employers, and public agencies in Wisconsin have been unable to obtain workforce data and labor market projections adequate to inform decisions regarding the preparation, retention, and distribution of a sufficient health workforce. Efforts to gather and analyze data on labor markets and distribution of health professionals are uneven and we need suitable models for forecasting supply and demand in the health sector on the state and local level.

Consequently, educational programs' training health occupations struggle to determine the number of prospective students to be admitted based on future projections of need in Wisconsin. Employers of the health workforce in Wisconsin struggle to obtain workforce data and labor market projections adequate to inform decisions about the number of health professionals who are entering and exiting the workforce. Prospective students (and their parents) struggle to determine the health occupations to select based on forecasted job availability.

Statewide estimates aren't enough. As said more than once about workforce shortages during the development of this project: "when it starts raining in the suburbs, expect a tsunami in Wisconsin's rural and inner-city communities." Two new University of Wisconsin System initiatives designed to address the needs of underserved communities, the Wisconsin Academy of Rural Medicine (WARM) and the TRaining in Urban Medicine and Public Health (TRIUMPH) would not have been developed if we hadn't considered the mal-distribution of physicians within our state's borders. Our education and vocational programs in all of the disciplines need the data to "Mind the Gap" between supply and demand, not just in terms of state averages but also in terms of the local reality of our many diverse communities.

II. Overview of Wisconsin Health Workforce Data Collaborative

The Wisconsin Health Workforce Data Collaborative believes existing data leads reasonable people to prepare for substantial health workforce shortages across all major disciplines. However, specific targets for the out years are anything but clear and wise investments need to be guided by much more robust forecasts than are currently available within our state.

A collaboration of over 30 top regional and statewide educational, labor, employer and government organizations are committed to growing Wisconsin's health workforce and have been working to address the gap in Wisconsin's workforce data analysis and forecasting for nearly two years. Spearheaded by the Wisconsin Department of Workforce Development's Select Committee on Health Care Workforce, it was recently awarded one of only three Impact Awards by the Medical College of Wisconsin's (MCW) Healthier Wisconsin Partnership Program. This grant will help:

- the Wisconsin Department of Workforce Development expand data collection and analysis of Wisconsin's registered nursing workforce and improve the Department's forecasting tool for nursing shortage projections;

- the Wisconsin Department of Health Services analyze the state's public health workforce and analyze areas of the state that do not currently have federal mental health and dental provider shortage designations;

- the Wisconsin Center for Nursing assist in expanding data collection and analysis of the state's nursing workforce; and

- the Department of Population Health at the Medical College of Wisconsin advise on the assessment of the current and projected public health workforce in Wisconsin.

Leaders of the following organizations are included on the Select Committee's health care workforce collaborative: Wisconsin Center for Nursing; UW-System; Wisconsin Department of Workforce Development; Wisconsin Nurses Association; Wisconsin Department of Health Services; Center on Wisconsin Strategies; Wisconsin Office of Rural Health and Center for Urban Population Health, School of Medicine and Public Health, UW-Madison; School of Pharmacy, UW-Madison; Wisconsin Primary Healthcare Association; Wisconsin Technical College System; UW-Milwaukee; Medical College of Wisconsin; Wisconsin Health Care Association; Wisconsin Medical Society; Rural Wisconsin Health Cooperative; Wisconsin Association of Homes & Services for the Aging; Workforce Development Board of South Central Wisconsin; Wisconsin Area Health Education Centers; Wisconsin Public Health Association; Wisconsin Hospital Association; and, Wisconsin Association of Independent Colleges & Universities.

III. Statewide Issues that Wisconsin Needs to Address re Health Workforce Planning

In addition to rapidly implementing the MCW funded projects noted above, the Wisconsin Health Workforce Data Collaborative believes that all of Wisconsin's health workforce related sectors must rapidly move forward on a number of fronts:

1. **Recognize the urgency for health workforce data analysis (including collection) and forecasting to maximize the use of limited public/private funding for workforce development.**

2. **Recognize the importance of collaborative workforce planning. Multiple key stakeholders each bring different perspectives on workforce needs and different resources that are critical to defining the problems and developing strategies to address them.**

3. **Recognize that the health care workforce will particularly, if not uniquely, be affected by the large baby boomer cohort increasingly aging out of providing health care into consuming it, accelerating the divergence between supply and demand.**

4. Assure that we have the accurate data necessary to describe the current state of our health workforce and its shortages, as well as to allow forecasts of what we are likely to face in ten to fifteen years. The health care workforce is particularly dependent on individuals requiring extended post-secondary education.

5. Create the capacity to make forecasts that are sensitive to changes in practice models and emerging professions. Develop forecast tools capable of accommodating multiple scenarios (e.g., various assumptions about the economy, health care system reform, practice models, and shifts in demand into population and public health sectors.)

6. Commit, within and among disciplines, to statewide planning that works to reconcile the aggregate effect of decisions made by individual schools and the forecasted need for a diverse array of professionals and health workers under various future scenarios.

7. In particular, replicate and expand on the multi-school collaboration and planning that has been accomplished in Wisconsin such as the "University of Wisconsin's 2008 Nursing Education Task Force Report" and the 2007 Report from the Wisconsin Nurse Faculty Task Force.

8. Address variation in supply and demand across regional, urban and rural labor markets.

9. Utilize nationally agreed on data sets where they have been developed (e.g., nursing, pharmacy, public health and long term care).

10. Recognize the need for a diverse workforce with the cultural and linguistic competence to improve the delivery of care for all segments of the population.

11. Encourage different health training programs to track and share data relevant to applicants, students, graduates and faculty (e.g., full-time/part-time, age, number of graduates, graduate retention in the state and distribution, time to get through school, time to get jobs after graduation as well as faculty numbers and ages).

IV. <u>Requests for Consideration Specific to the University of Wisconsin System</u>

In addition to the above, the Wisconsin Health Workforce Data Collaborative respectfully requests the University of Wisconsin System consider the following:

1. **Bring together the System's substantial academic resources in health policy, economics, demography and related fields <u>to work in partnership with</u> key state stakeholders to research issues related to the statewide health workforce crisis and inform the policy-making process.** (The Collaborative believes that a UW Center would be a strong competitor for federal and other philanthropic funds expected to be available in this arena.)

2. Advance the need for a standardized Wisconsin database with uniform definitions to describe the core characteristics of applicants, students, graduates and faculty.

3. Work with the Wisconsin Association of Independent Colleges and Universities on a common statewide standard set of definitions.

4. Work towards greater alignment of curricula across campuses to streamline students' ability to move their educational attainment within the System.

5. Partner with the Wisconsin Technical College System to allow for successful articulation from associate degree to bachelor prepared graduates.

6. Work towards greater alignment of academic calendars within the state to facilitate partnering with sites offering student clinical placements.

7. Work with state stakeholders including the Wisconsin Health Workforce Data Collaborative on a collective vision for a comprehensive program for health care workforce data collection, analysis and forecast modeling of future scenarios, available to all academic planners, health care employers and policy makers.

Attachment: Select Committee Membership