Physician Shortages Less But Still Challenge

From “Mapping Our Way to Success: Wisconsin’s Physician Workforce,” a new Report by WCMEW, released 7/13/18:

“Over the last decade, new education and training programs have shown positive results in Primary Care Physician (PCP) development and retention across Wisconsin, leveraging noteworthy innovations in clinical training and in-state retention strategies. For example, Medical College of Wisconsin expansions and state investment in residency programs are projected to produce over 450 new physicians by year 2035. However, demand for PCPs, driven by an expanding and aging population, will still outpace projected supply.”

“According to George Quinn, Executive Director of the Wisconsin Council on Medical Education and Workforce (WCMEW), ‘to date, a largely uncoordinated approach to education and training has hampered a comprehensive solution to the impending problem of workforce shortages. What we need now is wide-reaching system planning to deal with current and future severe shortages–across provider types.’”

“Based on a new WCMEW report, ‘Mapping Our Way to Success: Wisconsin’s Physician Workforce,’ nearly 40% of the current PCP workforce is expected to retire by 2035, a challenge that is compounded by other major demographic shifts. Provider gaps will be distributed unevenly across the state–with most regions experiencing significant deficits in future PCPs, up to 93% in the year 2035.”

“WCMEW’s 2018 report recommends strategies for continued emphasis on infrastructure and long-term planning, along with collecting and leveraging data for decision-making. Specific recommendations, among others, include:

- Expanding and enhancing coordination of clinical sites;
- Expanding rural and underserved programs by targeting students likely to practice in those areas;
- Building workforce into strategic planning processes;
- Developing Advanced Practice Clinician data for a more complete understanding of the workforce; and
- Identifying best practices and outcomes for team-based care.”

“Data from the new WCMEW report indicates that, currently, 82.5% of Wisconsin’s total physicians are located in Metropolitan areas, whereas 71% of Wisconsin’s population is located in these areas. Conversely, less than 10% of Wisconsin physicians practice in rural areas, whereas nearly one-fifth of the population is located in small towns or rural communities.”

“The two most important days in your life are the day you are born and the day you find out why.” - Mark Twain
“By 2035, the PCP workforce is projected to increase by approximately 4% statewide, but the projected increase from medical schools, GME programs, and turnover are largely offset by retirements of current physicians and lifestyle changes of young physicians. While the population is expected to increase 12% statewide, demand is expected to increase by over 20%. There is wide variance among Wisconsin’s regions where demand for primary care is expected to increase up to 40%, based on total population increases and increased care for an aging population. Statewide, there is a projected shortfall of 745 PCPs, or 14% compared to overall supply. Wide variance among regions is evident, ranging up to a deficit of 93.7%.”

“While Wisconsin has invested significantly in necessary physician training infrastructure, regional shortage data suggests that we can’t expect to fill demand for primary care through physicians alone, and therefore we need to rethink workforce silos and collectively develop solutions—such as the strategies outlined in WCMEW’s 2018 report,’ concludes Mr. Quinn.”

The full report can be found at www.wcmew.org.

The High Rate of Physician Suicide

From “Physicians Experience Highest Suicide Rate of Any Profession,” by Pauline Anderson in Medscape, 5/7/18:

“With one completed suicide every day, US physicians have the highest suicide rate of any profession. In addition, the number of physician suicides is more than twice that of the general population, new research shows.”

“A systematic literature review of physician suicide shows that the suicide rate among physicians is 28 to 40 per 100,000, more than double that in the general population.”

“Physicians who die by suicide often suffer from untreated or undertreated depression or other mental illnesses, a fact that underscores the need for early intervention, study investigator Deepika Tanwar, MD, Psychiatric Program, Harlem Hospital Center, New York City, told Medscape Medical News.”

“‘It’s very surprising’ that the suicide rate among physicians is higher than among those in the military, which is considered a very stressful occupation, Tanwar told Medscape Medical News.”

Stigma, Access to Lethal Means—“Using MEDLINE and PubMed, the investigators conducted a systematic literature review of physician suicide that included articles published in peer-reviewed journals during the past 10 years.”

“The review showed that the physician suicide rate was 28 to 40 per 100,000; in the general population, the overall rate was 12.3 per 100,000.”

“The results also showed that although female physicians attempt suicide far less often than women in the general population, the completion rate for female physicians exceeds that of the general population by 2.5 to 4 times and equals that of male physicians.”

“Experts are trying to understand why physician suicide rates are so high, said Tanwar. She pointed out that their review shows that some of the most common diagnoses were mood disorders, alcoholism, and substance abuse.”

“One study showed that depression affects an estimated 12% of male physicians and up to 19.5% of female physicians, a prevalence that is on par with that of the general population. Depression is more common in medical students and residents, with 15% to 30% screening positive for depressive symptoms.”

“The investigators note that mood disorders in the medical profession is not restricted to North America. Studies from Finland, Norway, Australia, Singapore, China, and elsewhere have shown an increase in the prevalence of anxiety, depression, and suicidality among medical students and practitioners alike.”

“Stigma, said Tanwar, is a major obstacle to seeking medical treatment. She pointed to a study in which 50% of 2106 female physicians who completed a Fa-
Facebook questionnaire reported meeting criteria for a mental disorder but were reluctant to seek professional help because of the fear of stigma.”

“The findings also suggest that greater knowledge of and easier access to lethal means account for the higher rate of suicide completion in physicians.”

“The review also showed that of all medical specialties, psychiatry is near the top in terms of suicide rates. There is growing awareness of physician suicide, and initiatives to prevent it are increasing.”

“Tanwar noted that several sessions at this year’s American Psychological Association meeting address physician wellness and burnout, which may help reduce suicide rates.”

Alarming Rates—“Commenting on the findings for Medscape Medical News, Beth Brodsky, PhD, associate clinical professor of medical psychology in psychiatry at Columbia University and the Irving Medical Center, New York City, who is an expert in this field, said the very high rate of physician suicide is ‘alarming.’ ”

“When medical students graduate and enter the profession, they face different but equally challenging stressors, said Brodsky.”

“As more women enter the medical profession, they are becoming increasingly vulnerable to the fallout from work stressors. As a result, their rate of suicide is also increasing, said Brodsky. Brodsky is among the experts advocating for better ways of addressing these problems, which may start with simple semantics. People do not ‘commit’ suicide but ‘die by suicide,’ she said.”

“Brodsky welcomes the focus on physician suicide because it raises awareness of the issue and will ultimately lead to improved prevention and intervention initiatives. Openly discussing suicide as an illness helps ‘bring it out of the darkness’ and shed the stigma shadowing this problem, she said.”

CRISIS RESOURCES

- If you or someone you know is in an emergency, call 911 immediately
- If you are in crisis or are experiencing difficult or suicidal thoughts, call the National Suicide Hotline at 1-800-273 TALK (8255)
- If you’re uncomfortable talking on the phone, you can also text NAMI to 741-741 to be connected to a free, trained crisis counselor on the Crisis Text Line
- For a resources for those with a friend or loved one who is suffering alone: wwwfacetheissue.com

“However, she added, it is not surprising, given the stressors physicians face.”

“The stress starts in medical school and continues in residency with the high demands, competitiveness, long hours, and lack of sleep. This may contribute to substance abuse, another risk factor for suicide, said Brodsky.”

“Nurse Suicide: Breaking the Silence”

From “Nurse Suicide: Breaking the Silence” by Judy Davidson, Janet Mendis, Amy R. Stuck, Gianni DeMichele, and Sidney Zisook, a Discussion Paper from the National Academy of Medicine, 1/08/18:

“The purpose of this paper is to raise awareness of and begin to build an open dialogue regarding nurse suicide. Recent exposure to nurse suicide raised our awareness and concern, but it was disarming to find no organization-specific, local, state, or national
mechanisms in place to track and report the number or context of nurse suicides in the United States. Our goal is to break through the culture of silence regarding suicide among nurses so that realistic and accurate appraisals of risk can be established and preventive measures can be developed.”

“The loss of a nurse colleague to suicide is more common than generally acknowledged and is often shrouded in silence, at least in part due to stigma related to mental health and its treatment. After a suicide, nurses grieve in different ways as they continue to deliver patient care. A standard operating procedure for how to handle the suicide of a nurse colleague does not exist, compared with what is available for physicians. In our collective experience, no one, at any level, was comfortable talking about suicide when it occurred.”

“The authors networked with local and national professional colleagues, collecting anecdotes confirming that others had experienced nurse suicides, either personally or through work responsibilities. Others had experienced similarly tragic losses of colleagues, but no one offered suggestions of best practices in suicide prevention or nurse suicide grief recovery. Other than the testimonies of single events recalled from memory and the one published case study, we found no examples of processes to prevent, cope with, or deal with nurse suicide. Therefore, despite knowledge that nurse suicide exists, we came to the conclusion, as others had before us, that the occurrence of nurse suicide was shrouded in silence, avoidance, and denial.”

“Nurse suicide has been a hidden phenomenon in the profession and has not been adequately measured or studied within the United States. The time for a culture change is now. Research is needed to assess the magnitude of nurse suicide and associated work stressors. We have begun an investigation to define the incidence of nurse suicide. The study will include psychological autopsies, including circumstances leading to suicide, the emotional state of the nurse prior to the event, pre-existing psychiatric conditions and treatment, trauma, violence, and home and work stressors.”

“Open, transparent communication is needed to address pertinent issues related to nurse suicide. Strategies to identify, prevent, and mitigate nurse burnout and depression and prevent suicide need to be tested. Once available, research results, coupled with institutional and individual grit, can help transform the culture of the nursing profession from silence and isolation to one of shared dedication to nurse health and wellness, ultimately contributing to optimal patient care. Until such data are available, silence and the preventable loss of life will prevail.”

The complete paper is at: https://nam.edu/nurse-suicide-breaking-the-silence.

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We Need Rural Health Leaders

The National Rural Health Association Foundation needs your contributions to support the development of the next generation of rural health leaders.

www.ruralhealthweb.org/donationform

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Physician Assistant Services

Guest Commentary by Paula Havisto, MS, PA-C, Wisconsin Academy of PAs Advocacy Committee Co-Chair.

The National Rural Health Association (NRHA) has just published a policy brief on the utilization of Physician Assistants (PAs) to optimize meeting the health care needs of this nation’s rural communities and to increase access to care. The Wisconsin Academy of
PAs (WAPA) applauds the NRHA as a neutral, collaborative setting where different interest groups come together to discuss solutions to the challenges of delivering health care services in rural settings.

PAs are one of three professions providing primary care in the United States, along with physicians and advanced practice registered nurses. The NRHA recognizes that, despite 50 years of high-quality cost-effective practice, there remain state and federal laws and regulations that prevent PAs from practicing to the fullest extent of their education and experience. Likewise, new and emerging models of care sometimes fail to fully recognize PAs, diminishing the value they could bring to rural patients and communities that are currently suffering from a dire shortage of qualified medical care.

As health care evolves into a system of vertical and horizontal integration with new focus on team-based care, PAs—working at the top of their licenses—will be indispensable providers in rural areas. Modernizing of regulations restricting practice privileges, mental health laws and payer policies that unnecessarily restrict PA practice will increase PA value to employers and enable PAs to more efficiently contribute to ending the shortage of health care professionals accessible to rural patients and communities.

PAs are medical professionals who graduate with a master degree in medicine with an intensive curriculum closely modeled after medical school. There are five PA programs in Wisconsin. The typical PA program is 27 months long and covers basic medical sciences, including anatomy, physiology, pharmacology, physical diagnosis and treatment, behavioral sciences and medical ethics.

PA students complete at least 2000 hours of supervised clinical practice in family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry. Wisconsin has over 2,700 PAs with 19.6% working in rural areas, 26.7% specialize in primary care and 43.1% work in hospital settings.

“The Policy Brief acknowledges that providing adequate health care services in rural America is a complex challenge. Workforce analyses and recommendations should include every type of medical professional who can serve rural communities. Increased numbers and better distribution of PAs in rural areas can be achieved if practice barriers are removed and reimbursement and incentives payments are appropriate.”

“Many factors affect whether or not providers choose rural practice. NRHA’s goal in the U.S. health care delivery system of the future is to ensure access to quality health care for all rural residents. To that end and to enable PAs to maximize their contribution toward achieving that goal, the NRHA offers the following recommendations:

1. National and state workforce policies should ensure adequate supplies of PAs and other providers to improve access to quality care and to avert anticipated provider shortages.

2. All new and emerging care models and payment systems should fully recognize PAs as providers of medical services.

3. Laws and regulations should allow scope of practice details for individual PAs to be decided at the practice level.

4. PAs should be included in programs to recruit and retain rural providers.

5. Regulatory and policy updates are needed to remove barriers to optimal PA practice in rural communities. Public and private agencies and organizations, including NRHA, should work together to ensure that regulatory changes in publicly funded programs have a positive impact and do not adversely affect access to health care in rural areas.

6. Public and private payers should adopt standards of transparency and accountability, credentialing and enrolling PAs so that PA performance can be, and further, PAs should be eligible for direct payment from all public and private payers.

7. Public and private payers should cover mental health care services provided by PAs, which will help to increase access to mental health care for rural patients.
8. Health care workforce development programs should recognize and support PAs.

9. State legislatures and regulatory agencies should modernize PA practice laws by removing barriers to optimal team practice and ensure PA representation on regulatory boards."

The NRHA summary succinctly explains the reasons why modernizing PA laws will improve rural access and the WAPA stands in full support of the policy brief. We continue to work with our stakeholders at the Wisconsin Medical Society, Wisconsin Hospital Association, Wisconsin Coalition for Medical Education and Workforce and others to modernize the WI PA laws for the benefit of patients and access to care.

The NRHA policy brief can be found at: https://bit.ly/2KeJHL8

Honoring a Legend–Jerry Worrick

Notwithstanding ongoing protests by Tim Size, Mr. Worrick has announced that he is retiring as CEO of the Door County Medical Center on January 2, but he leaves us a long list of accomplishments as an outspoken rural health leader and advocate.

Jerry was honored at this year’s Rural Health Conference with the Wisconsin Hospital Association’s Lifetime Achievement Award in recognition of his leadership, service, and partnership in advocating for better healthcare for Wisconsin communities.

It needs to be noted that this award is not an annual award but one given only in extraordinary circumstances by the WHA President, Eric Borgerding.

“The Better Angels of Our Nature”

From Abraham Lincoln’s first inaugural address: “...will yet swell the chorus of the Union, when again touched, as surely they will be, by the better angels of our nature.”

“The United States is disuniting. The last presidential election only made clear what many have feared—that we’re becoming two Americas, each angry with the other, and neither trusting the other’s basic humanity and good intentions. Today Americans increasingly view their political opponents not only as misguided, but also as bad people whose ways of thinking are both dangerous and incomprehensible. This degree of civic rancor threatens our democracy.”

“Launched in 2016, Better Angels is a bipartisan citizen’s movement to unify our divided nation. By bringing red and blue Americans together into a working alliance, we’re building new ways to talk to one another, participate together in public life, and influence the direction of the nation.”

Info at: www.better-angels.org/
"Leadership Insights: “It’s Hard to be Humble”

The Leadership Insights series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at www.RWHC.com.

“Oh lord, it’s hard to be humble
When you’re perfect in every way
Can’t wait to look in the mirror
I get better lookin’ each day” (Mac Davis)

“Yes, this really is a country song verse, an over the top reminder that confidence is a force that must be managed. Overestimating our worth makes us unbearable to be around. Underestimating our worth doesn’t make us very bearable either. It means we have some self-esteem work to do if we want to be effective as a leader. You may see humility defined as less than, but that is a false underestimating of one’s value. To be truly confident requires acknowledging our worth at the same time that we value the worth of others.”

“Humility honors our relationships with others by demonstrating vulnerability. We don’t have all the answers! We need the thoughts and input of others in order to be successful in what we are trying to accomplish. Humility requires willingness and ability to suspend our own beliefs to be able to listen intently to others’ viewpoints. In leadership action it takes a very specific form: Humble Inquiry.”

What is HUMBLE INQUIRY?
“It means adopting an attitude of genuine curiosity and interest in our employees, what they are doing, how they are doing it and why. It is asking meaningful questions and then sitting back to really listen and consider the answers. It means being open to the reciprocal partnership with empowered employees and not feeling threatened by others’ ideas, knowledge and skill.”

“The opposite of humble inquiry is what we know as micromanaging, or the ‘culture of telling.’ Here the leader acts as the one with all the answers, unwilling to let others know they don’t know. The belief pattern is ‘never let them know you don’t know.’ ”

“Some signs that you might be leading a culture of telling:

- Requiring staff to check in at every step of an assignment
- Employees frequently asking permission to take action (likely they believe you expect this)
- Feeling frustrated that employees’ priorities are not the same as yours, which may mean that you have not slowed down enough to hear about their priorities and challenges
- Making decisions that impact the team without gathering input from them about the nature and downstream consequences to their work”

“HUMBLE INQUIRY can help you lead:

- Empower others to develop a problem solving mentality. It encourages people to come to the table with their own ideas, and engages their hearts and minds.

- Build trusting relationships by investing in others. Seeking out others’ ideas and truly listening is one of the most effective ways to build trust. With trust, you can achieve just about anything.

- Improve active-listening skills. Most people do not listen with the intent to understand, they listen with the intent to reply. It requires work, and is a skill that will help you in EVERY aspect of your life—leadership, parenting, friendship, marriage, everywhere!”
“Humble inquiry is NOT:

- Rapid fire interrogation and endless questioning. It is not just the act of asking without intention to understand.

- Asking a question to which you already have the answer you are set on, and only asking to look like you are interested when you are not. If it’s non-negotiable, acting like it is will backfire on you, losing trust from your employees and depleting their interest in any future such discussion.”

“Once you have the right mindset, inquiring humbly is as simple as:

- Help me Understand (your point of view, how you arrived at your conclusion, how you see things, your view of the issues, etc.)

- Can you give me an example? (“I recognize—and value—that you are the one completing this task day in and day out. I consider you a subject matter expert in my eyes.)

- Tell me more about...(your idea, the solutions you have tried before, how you think this might work, how you think this might not work, etc.)”

“The communication skill of humble inquiry can point out the difference between leadership and managing, summed up in this quote, ‘When I talk to managers, I get the feeling that they are important. When I talk to leaders, I get the feeling that I am important.’” (Alexander den Heijer)

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For info re the RWHC Leadership Series go to www.RWHC.com/Services.aspx or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

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