



Health Care Wisconsin

**A collaborative agenda for solving
Wisconsin's health care worker shortage
and securing delivery of high quality
health care for Wisconsin's citizens**

**A report by the Governor's
Health Care Worker Shortage Committee
September 24, 2002**

Governor's Health Care Workforce Shortage Committee

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- Co-Chair:** Joel Davidson, Executive Director, South West Area Health Education Center, Madison

Recruitment and Retention

- Chair:** Norma Tirado, Vice-President of Employee Services, Agnesian Health Care, and President-Elect, Wisconsin Society for Health Care Human Resources Administration, Fond du Lac
- Co-Chair:** Lee Schulz, Executive Director, Independence First, Milwaukee

Investment, Resources and Infrastructure

- Chair:** John Sauer, Executive Director, Wisconsin Association of Homes and Services for the Aging, Madison
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Redesign of Work

- Chair:** Lynn Polacek, Senior Clinical Nurse Specialist, ElderCare of Dane County and Member, Wisconsin Nurses Association, Madison
- Co-Chair:** Paul Wertsch, MD, President-Elect, Wisconsin Medical Society, Madison

September 24, 2002

Dear Governor McCallum:

Last April, you charged the Wisconsin Technical College System and the Department of Workforce Development to co-chair a committee to address Wisconsin's Health Care Workforce Shortage. After 4 months of hard work, we respectfully submit that committee's recommendations.

The Governor's Health Care Workforce Shortage Committee consisted of 23 members representing industry, labor, government, consumer, and education interests. An additional 70 people worked with the committee in four workgroups. In all, over 90 people from across the state created these recommendations to alleviate the shortage.

This uniquely diverse group brought a breadth and depth of experience to the issues surrounding this challenge. This knowledge led to a wealth of good ideas. It also reflected the complex and broad-based nature of the health care workforce shortage. While not every committee member agrees with every recommendation in the report, the recommendations reflect the complex nature of the challenge facing Wisconsin and possible solutions to it.

The goals and recommendations in the report are not listed in any priority order. Recommendations and goals are both short-term and long-term. In the end, priorities will have to be set. It is our hope that the committee's product will give you the ideas and tools necessary to set those priorities to successfully address this critical issue for Wisconsin.

Sincerely,

Dr. Richard Carpenter
President and State Director
WI Technical College System

Jennifer Alexander
Secretary
WI Department of Workforce Development



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Executive Summary

Like most of the nation, Wisconsin is experiencing a workforce shortage in the health care industry. Tackling this problem head-on, Governor Scott McCallum announced the formation of a committee to be chaired by Department of Workforce Secretary Jennifer Alexander and Wisconsin Technical College System President Richard Carpenter. The committee was instructed to study and recommend solutions to the health care worker shortage. On April 30, Governor McCallum set an aggressive timeline, recommendations needed to be final by the end of August.

At total of 23 people served on the Governor’s Health Care Workforce Shortage Committee, which was guided by the mission:

“The Health Care Workforce Shortage Committee will bring together partners in the health care industry, labor, education and government to develop innovative solutions to address the health care worker shortage in Wisconsin.”

The committee’s membership and mission statement are also unique in the nation. In other states, single entities (the education system, the health care industry, etc) have tried to address the issue. This has led to one group believing they have addressed the issue, but the results are short-term or exacerbate the problem elsewhere. The unique broad-based approach of the Governor’s Health Care Workforce Shortage Committee has provided recommendations that truly represent the complex nature and differing views of the shortage in the health care field.

The committee decided to focus on four areas, which they felt reflect the four major issues of the shortage: Education, Retention & Recruitment, Investment, Resources and Infrastructure, and Workplace Redesign. Working within these themes, workgroups created dozens of recommendations around four broad goals.

In all, over 90 people participated with the committee to develop a plan for the future. These recommendations, both long-term and short-term, will alleviate the health care worker shortage.

The co-chairs and committee members recognize the fiscal crisis in the state. There are no easy solutions to this challenge. Reallocation of existing resources, federal and private foundation grants, and corporate partnerships should be aggressively pursued. One of the first functions of the recommended Leadership Committee will be the development of a comprehensive plan to address the funding needs of the recommendations and to develop an implementation plan

Urgent Need

While the need for health care workers is immediate, it will also continue into the future. Consider these facts:

Health Care’s Rank among Employers in WI	1
Percent of All Jobs in Wisconsin	7.7
Number of Nurses Expected to work less in 2002	9,500
Number of Openings Annually	10,000
Current Workers	224,900
Projected Workforce Needs in 2008	270,430



The health care industry is the largest employer in the state of Wisconsin, and it accounts for 10,000 job openings annually. The employment in the health care industry is 7.7% of all jobs in the state. By 2008, it is expected to create over 45,000 new jobs, 20% growth. In addition, a 2001 nursing survey estimated 9,500 nurses plan to either leave the profession or reduce their hours in the next year. Demographics also point to a looming shortage. While the number of people over 65 will increase 89% by 2030, the number of potential workers, ages 18-44, to replace them will decrease by 1%.

Added pressure on the health care industry's workforce will come from a rapidly aging population, a health care industry focus on disease treatment instead of prevention, and rising behavioral risk indicators.

While the number of students being educated in health care fields has increased over the last 10 years, it has fallen short of demand by both students and the industry.

**Growth in Education of Health Care Workers
1992 to 2001**

Institution	1992 Graduates	2001 Graduates	Increase
WTCS	5,932	6,736	804
UW-System	1,817	2,196	379
Independent Colleges and Universities	750	1,177	427

Nursing homes reported vacancies of 15% in 2000 for nurses, and had a high turnover rate. The health care industry is challenged with providing quality care while balancing the demands of regulations, paperwork, and use of new technology. These demands take away time from direct care of patients into less rewarding work, and increase the need for already scarce staff.

Addressing the health care worker shortage is not a one-time effort. To adequately address the shortage, there must be a continued, ongoing effort to both coordinate and oversee the efforts to ensure a high-quality workforce delivering health care that is second to none.

Goals and Recommendations

The workgroups forwarded over fifty recommendations to the steering committee. From those, four common themes emerged. The committee then formed these themes into goals, and grouped the recommendations.

Goal - We must increase the number and diversity of individuals choosing health care occupations and expand educational capacity to meet the needs of the labor force.

Put simply, there are not enough people choosing to enter the health care field to meet current or future demand. Despite the increasing diversity of our society, the health care workforce is not diverse. It is imperative Wisconsin expands the labor pool by diversifying the workforce and implementing strong recruitment efforts. We need to target potential workers earlier, and ensure there is space available for the training they need and desire. Without expansion of health care education programs

the health care industry will be unable to address its workforce needs.

Key Action Steps

- ✓ *Charge education institutions to increase capacity 50% over 3 years and 100% over 5 years*
- ✓ *Expand health care programs for secondary and post-secondary schools*
- ✓ *Expand scholarships and loan forgiveness programs and increase financial aid*
- ✓ *Establish a HealthCorps (like Americorps)*
- ✓ *Adopt state-to-state reciprocity for health care fields (regulations)*
- ✓ *Provide incentives to expand the health care workforce by allowing students to flow more freely between the secondary and higher education sectors (UW, tech colleges and private institutions)*

Goal – We must increase the retention rates of Wisconsin’s current health care workforce.

Wisconsin’s health care workers continue to leave the workforce at alarming numbers. Competitive wages and benefits are necessary to improve retention. In addition, difficulties getting training for advancement, poor work/life balance, and outdated or redundant regulations and paperwork all serve to hamper work satisfaction, and lead to an exodus from the workforce. We need to focus our retention efforts not just to employers, but also to the state as a whole.

Key Action Steps

- ✓ *Aggressively seek to increase reimbursement from all sources to allow competitive wages*
- ✓ *Expand educational opportunities in workplace (distance learning, incentives, evenings, etc.)*
- ✓ *Review rules, regulations and tort law considerations to eliminate duplicative and redundant activities*
- ✓ *Determine and activate the state’s role to train and support unpaid health care givers*

Goal – We must redesign the health care system and become proactive in prevention and wellness promotion to improve both health care work and population outcomes.

The manner in which health care services are delivered plays a role both in the demand for more workers and in retaining workers. Although a longer-term task, it is equally important. As the state’s populations grows, so will the need for health care services. Promotion of a health care system the focuses on wellness and prevention will decrease demand, and increase worker satisfaction and retention.

Key Action Steps

- ✓ *Promote effectiveness and economics of valuing wellness and prevention in health care*



- ✓ *Invest in early and innovative prevention models*
- ✓ *Study the viability of making medical records and other information electronically available to consumers and providers*

Goal – We must establish a leadership committee that serves as an umbrella group coordinating the health care worker shortage solutions in the State of Wisconsin.

The health care worker shortage is a complex and long-term challenge to our state. A common theme throughout the workgroups was a realization that an on-going effort is needed to address the shortage. The formation of a committee representing a broad partnership of groups can provide that leadership. Without cooperation and oversight, the efforts could overlap or work against one another. The leadership committee will serve as a catalyst and a monitor of the health care worker shortage and its efforts to alleviate it.

Key Action Steps

- ✓ *Create a leadership committee to serve as a catalyst and ongoing monitor of the health care shortage*
- ✓ *Committee will:*
 - *Develop integrated data system linked to federal/state/local data collection efforts*
 - *Review state regulations*
 - *Perform ongoing analysis of health care workforce planning and development*
 - *Perform ongoing search for funding streams*

Conclusion

Health care is an essential service for all Wisconsin citizens. Its availability, accessibility and high quality are essential for citizens' health and safety. This report demonstrates how the health care workforce shortage occurring now and that will continue to grow over the coming decades is threatening the viability of that essential service. High vacancy rates and high turnover rates in the industry, and an educational system that does not have the resources to produce enough skilled workers to meet employers' needs all contribute to an erosion in the quality of care Wisconsin citizens expect from the health care industry.

The recommendations in this report call on state government, the health care industry, labor, consumers and educators to reverse these trends by stimulating new partnerships, implementing innovative strategies and reaching across organizational lines to work together to address the labor shortage threatening the state's health care. It is through this important work that the state's "workforce will be highly qualified and diverse; the health care second to none; and the work environment innovative and rewarding for the benefit of all."

I. Introduction

On April 30 of this year, Governor Scott McCallum joined health care providers, industry leaders, health care association directors and educators to announce the creation of the Governor's Health Care Workforce Shortage Committee.

In a statement announcing the creation of the committee, Governor McCallum said, "It is time for a plan of action that will address the labor shortage threatening the state's health care. By preparing a new generation of workers we will improve the industry, improve overall health care and build a better Wisconsin."

The Governor appointed Department of Workforce Development Secretary Jennifer Alexander and Wisconsin Technical College System President Dr. Richard Carpenter to co-chair the committee. Twenty-three additional members were named to committee, with members representing health care providers, labor, health care associations, consumers, PK-20 education, and state government. Because of the urgency of the issue, the Governor called on the committee to complete its work within an ambitious timeline and submit its final recommendations to him by the end of August.

This report is the culmination of the work the committee has done and provides an aggressive agenda for change, innovation and collaboration to address the health care worker shortage that threatens the quality of health care every Wisconsin citizen receives.

II. Background

The health care industry is the largest employer in the state of Wisconsin. According to labor market information produced by the Wisconsin Department of Workforce Development, the health care industry accounts for over 10,000 job openings annually. By 2008, it is expected to create over 45,000 new jobs in the state, growing by over 20 percent and ranking second in new job creation in the state only to business services.

While this news reflects a vibrant and growing industry, it is overshadowed by the fact that health care industry employers are struggling to find enough qualified workers to fill their vacancies and are challenged to retain workers in the industry. Further, a rapidly aging population, a health care industry focus on disease treatment instead of prevention, and rising behavioral risk indicators, will all combine to drive up health care demand. The current shortage of workers and projected future job growth indicate the health care workforce shortage will reach crisis proportions over the next decade. Without an effective plan of action to address the shortage now and train the workers the state will need in the future, it is certain the quality of care Wisconsin citizens receive will deteriorate and the economic health of what is now one of Wisconsin's largest and most vibrant industries will decline.

Demographic Trends Point to a Sustained Demand for Workers

Employment growth is projected to occur in every health care occupational category, with the largest number of new jobs occurring in health services, health

treatment and assessment, and health technicians. These three categories alone will make up 80 percent of the new job growth in the health care industry and include registered and licensed practical nurses, medical technicians and technologists, nursing assistants and home health care workers.

The demand for health care workers that is occurring now and will continue to accelerate over the next decade is a product of two dominant demographic trends: the rapid aging of the population and the very slow growth in the number of young entry level workers. New job growth will be spurred by increased demand from a rapidly growing number of older citizens. New job growth will be coupled with an accelerating number of job vacancies as a result of a substantial increase in the growth of workers reaching retirement age and a declining number of younger workers to replace them. Projected demographic trends, demonstrated in the table below, indicate that there will be a statewide increase of 58,763 people at retirement age and beyond by 2010. At the same time, there will be a corresponding decline of 48,663 in the number of potential workers between the age of 18 and 44. By 2030, the number of citizens 65 and older will have *increased* by 88.9 percent, whereas the number of younger workers (25 to 44 year-olds) will have *decreased* by 1 percent.

Table 1
Wisconsin's Population Age Cohorts
Changes Between 2000 and 2030

Age Cohorts	2000	2005	2010	2015	2020	2025	2030	30 year change
0-17	1,368,756	1,338,198	1,319,965	1,338,161	1,380,419	1,413,190	1,430,010	+ 4.5%
18-24	520,629	565,995	568,608	543,896	517,241	529,773	550,413	+ 5.7%
25-44	1,581,690	1,512,295	1,485,048	1,522,306	1,581,827	1,592,596	1,565,046	-1.1%
45-59	985,048	1,156,856	1,254,259	1,241,075	1,155,571	1,091,434	1,124,244	+ 14.1%
60-64	204,999	241,142	311,107	366,111	406,168	407,170	357,907	+ 74.6%
65+	702,553	716,539	761,316	867,322	1,014,960	1,182,908	1,327,263	+ 88.9%

Source: Wisconsin Department of Administration, Population Projections

Given the health care industry's important 7.7 percent share of all jobs in the state, this loss of available workers will have a considerable impact on the industry. The reduced pool of available workers will make attracting qualified workers to the health care field a highly competitive prospect for the industry, making effective recruitment strategies a critical part of maintaining the quality of health care delivery in the state.

As the number of available workers declines, the ethnic mix of the state's population will shift as well. In the most recent census, the number of whites in Wisconsin grew by only 5.7 percent. In contrast, Hispanic or Latino populations grew by over 100 percent; the Asian population grew by 66 percent; and African American and Native American populations grew by over 20 percent. Nationally, demographers project that non-whites will contribute 75 percent of all population growth in the next decade, suggesting that recruitment strategies to attract people to health care education and careers will need to have a strong multi-cultural focus and underscoring the need for strong cultural competency within the health care industry.



Educating More Workers

While the secondary and post-secondary educational institutions have increased health care education program capacity, the number of graduates each system is producing still falls short of meeting labor market demand and the demand that prospective students have to enroll in health care education programs. To the extent that funding has allowed, the UW-System, the Wisconsin Technical College System, independent colleges and universities and K-12 schools have responded to the demands of the health care industry for more qualified health care workers. The table below shows the increase in graduates that each system produced in 1991 versus 2001. (The totals include graduates who choose to live and work in other states upon graduation.) This expansion has not been adequate to address the thousands of prospective students who wish to enroll in health care programs, but cannot, due to a shortage of funding available to expand the capacity of health care education programs. Additionally, the response falls short of meeting the current demand by the health care industry for new workers, and falls considerably short of meeting projected future labor market demand.

Table 2
Growth in Education of Health Care Workers
1992 to 2001

Institution	1992 graduates	2001 Graduates	Increase
WTCS	5,932	6,736	804
UW-System	1,817	2,196	379
Independent Colleges & Universities	750	1,177	427
K-12 Public Schools	1995 Certified Nursing Assistant Program Completers 59	2001 Certified Nursing Assistant Program Completers 262	203

Source: WTCS Graduate Follow-Up Reports for 1992 and 2001; Wisconsin Association of Independent Colleges and Universities; UW-System Academic Year Degrees in Allied Health Fields by Institution and Level and DHFS: Wisconsin Nurse Aide Directory

There are numerous factors that have impeded more extensive educational program expansion to fully meet demand. They include:

- x The considerable expense of expanding health care programs and the scarcity of public dollars to do so.
- x Slow growth in financial aid for students.
- x Difficulty finding expanded clinical experiences that are necessary for the completion of professional nursing and most skilled allied health care degrees.
- x The challenge of finding qualified health care instructors.

Retention and Recruitment

Data suggests that health care organizations are not only struggling with finding qualified workers, but also challenged with retaining them once they're employed. In rural areas, this issue is especially difficult. Consequently, while it's essential that more workers be trained for the industry, it will also be important to address other issues such as retention and recruitment to occupations that are frequently not viewed as good career choices. This will be particularly important in a highly competitive employment market.

Nursing homes reported that in 2000, the most recent year studied, that:

- x The vacancy rate for certified nursing assistants was 15.9 percent, 15 percent for licensed practical nurses and 14.5 percent for registered nurses.
- x It took between 88 and 107 days to fill vacancies.
- x Turnover rates ranged from a high of 72 percent for nursing assistants and between 31 and 34 percent for licensed practical and registered nurses.

Hospitals are also facing major hurdles recruiting and retaining health care workers, with particular challenges in rural areas. According to the 2000 Hospital Personnel Survey conducted by the Department of Health and Family Services (DHFS) in collaboration with the Wisconsin Health and Hospital Association, hospitals report vacancy rates of up to 14 percent for a range of different health care occupations, with nursing jobs making up the highest portion of all vacancies. The same survey shows that nurses make up the largest percentage of the health care workforce in the hospital setting, and, according to the DHFS 2001 Registered Nurses Workforce Survey, 54 percent of Wisconsin's registered nurses work in hospitals.

Although turnover data for hospital staff is not available, the 2001 Registered Nurses Survey states that 14 percent of registered nurses responding indicated that they intended to either reduce their hours or leave the profession altogether within the next year, citing job stress, family obligations, dissatisfaction with salary and career change as reasons for making the change. That means almost 9,500 registered nurses, already difficult positions for hospitals, nursing homes and other health care organizations to fill, plan on reducing their hours or getting out of the profession altogether in the next year alone.

There are numerous reasons that health care institutions are challenged with retaining qualified workers. They include:

- x Wages and benefits that are not seen as competitive with other industries and surrounding states.
- x Medicaid and Medicare reimbursement levels that make it difficult to address competitive wages and benefits.
- x Work schedules that are not family friendly.
- x Difficulty of the work and work environment.

Maximizing Direct Care

The health care industry is challenged with providing quality care while balancing the demands for regulatory requirements and other extensive paperwork and attempting to stay abreast of and make optimal use of technology in providing direct care for consumers. Health care workers providing direct care are called upon to complete and update patient records to satisfy funding and regulatory demands. These demands, in turn, detract from time that could otherwise be spent providing direct care to consumers. Although more difficult to quantify, health care organizations report that the demand on direct care staff time to handle a myriad of administrative tasks has been increasing. It takes a toll on workers, by reducing the time they can spend on direct care, and on health care organizations, by increasing the need for already scarce staff.

Some of the factors that contribute to how health care workers must spend their time include:

- x Reimbursement documentation required by Medicaid, Medicare and insurance carriers.
- x Increasing regulatory demands.
- x Legal liability that makes extensive documentation essential.
- x Patient information databases that aren't linked, necessitating more time for patient information retrieval, requiring workers to collect redundant data and taking time away from direct care.

Service Delivery Systems and the Workforce of the Future

The health care system of today is changing. Community-based care for seniors and people with disabilities is substantially expanding as an alternative to nursing home and institutional care. The health care industry has only begun to explore a systemic role for wellness promotion, prevention and better disease management in increasing independence and reducing the need for more expensive and staff intensive medical intervention. These trends could alleviate some of the staff shortages for acute care that will become particularly critical in Wisconsin as a greater percentage of the state's population ages.

The changes in where and how health care and support services are delivered are occurring at a time when the workforce is changing as well. The last decade demonstrated a strong growth in two-income earning households—where balancing home and family with work will be a priority—and a more diverse workforce, including people of color, people with disabilities and older adults. The emergence of a strong continuum of health care that includes prevention through acute care and care that is provided in multiple settings provides an opportunity for employers to fashion employment opportunities to meet the needs for both the wellness of our citizens and the health care workforce. More flexible schedules, different types of health care delivery and a more diverse workforce may encourage more workers to choose health care as an employment option because it meets their values and lifestyle priorities.

III. Partners Involved in Creating Solutions

It is evident in looking at the factors that contribute to the health care worker shortage in the state that no single entity bears responsibility for the shortage, and no single entity can develop solutions that will address the full scope of the problem. The current shortage is affected by the level of consumer demand for health care, a shortage of graduates from health care education programs, regulatory and funding demands that take away from direct patient care, and high turnover and low retention rates in the industry. Additionally, minority populations are under-represented in hard-to-fill occupations in the industry, suggesting a missed opportunity for the industry to draw on a broader segment of the labor force.

Because of dramatic changes in demographic trends that Wisconsin will experience over the next decade, these challenges will only grow more acute. Forging partnerships that will implement strategies to address the multi-faceted nature of the health care worker shortage is essential now if Wisconsin wishes to be prepared for meeting the higher demands for workers that will evolve in the future. Partnerships will be needed at both the local and state levels, and they will need to include an array of stakeholders, including:

Consumers, including people of color, people with disabilities and special populations	Community-based agencies
Hospitals	Health care associations
Nursing homes	PK-12 schools
Clinics	UW-System
State agencies	Wisconsin Technical College System
Health care workers, including people of color, people with disabilities and special populations	Independent colleges and universities
Associations for health care professionals	Legislators
	Home health care agencies
	Health care advocates
	Workforce Development Boards

It will be through the shared responsibility of all stakeholders that the recommendations that follow will result in real and sustained solutions to address the health care worker shortage and secure the health of Wisconsin's citizens and the health care industry in the future.

IV. Goals and Recommendations

With the valuable input and hard work of over 90 people from around the state representing consumers, hospitals, labor, nursing homes, home health care organizations, health care associations, community-based providers, educators, workforce development boards, and state agencies, the committee has responded to the Governor's call and developed a plan of action to address the health care workforce shortage.

The Committee's work was guided by its mission, which states:

"The Health Care Workforce Shortage Committee will bring together partners in the health care industry, labor, education and government to develop innovative solutions to address the health care worker shortage in Wisconsin."

The committee organized its work into four primary focus areas, with a separate work group for each to develop a plan of action. Those were:

- x Retention and Recruitment
- x Investment, Resources and Infrastructure
- x Education
- x Redesign of Work

The committee's work was inspired by its vision for the health care workforce of tomorrow. The committee believes that this vision, articulated below, can be realized with a collaborative statewide effort to implement the changes that the committee has advanced.

"Collaboration, transformational change and continuous innovation that fully utilizes human knowledge and skills along with technology to meet all health care workforce and consumer needs, now and in the future. The workforce will be highly qualified and diverse; the health care second to none; and the work environment innovative and rewarding for the benefit of all."

It is with this vision in mind that the committee makes this call for action and respectfully submits its recommendations to Governor McCallum and the citizens of Wisconsin.

Goals and Recommendations

The members of the steering committee consolidated the action taken by the work groups into four broad goals to guide the efforts of the partners involved in responding to the health care worker shortage. These goals strongly commit health care organizations, state agencies and educators to an aggressive, coordinated and

strategic agenda to expand health care education program capacity, increase reimbursement for health care to a level that permits organizations to pay workers wages and benefits that are highly competitive with other states, and create work environments in the health care industry that will help retain and attract a highly competent workforce. Further, the committee strongly recommends that a leadership committee be appointed to ensure that the actions recommended are taken and all entities involved are engaged and accountable for results.

Each goal includes recommendations that, in turn, include specific plans of action. These plans, which are included in Appendix II, provide an essential blueprint for turning words into meaningful actions. They articulate specific and measurable steps, timelines for completion and organizations that are central to getting the job done.

The goals and their respective recommendations are listed below. The committee believes that these recommendations, if aggressively pursued, can produce quantifiable results within the next several years.

Goal A

We must increase the number and diversity of individuals choosing health care occupations and expand educational capacity to meet the needs of the labor force.

The committee recognizes the imperative of expanding the labor pool to meet health care industry workforce needs by diversifying the workforce and implementing strong recruitment efforts. The current health care workforce does not take advantage of the diversity in our society. To successfully address the shortage, these under-represented groups must become a greater part of the health care workforce. These efforts must be paired with an aggressive schedule of expanding the capacity of health care education programs in the secondary and post-secondary schools where existing capacity falls short of meeting labor market demands. Without the expansion of health care education programs and an increased number of qualified graduates, the health care industry will be unable to address its workforce needs.

Recommendations:

1. Increase education program capacity and clinical sites.
2. Increase financial aid funding.
3. Increase the number of instructors for health care programs.
4. Expand Wisconsin health care employers' access to already qualified workers.
5. Make changes in the educational system and workplace that help attract a more diverse workforce.
6. Provide incentives to promote, identify and implement innovative models of health care education.

7. Develop mutually agreed-upon competencies for each of the health care credentials.
8. Promote health care careers in the PK-12 system.

Goal B

We must increase the retention rates of Wisconsin's current health care workforce.

The committee is committed to changing the work environment to increase the retention rates of the current workforce, both in the health care industry and in the state of Wisconsin. It acknowledges the well-established link between competitive wages and benefits and the level of Medicare, Medicaid and other reimbursement rates. For example, many committee members pressed the need to remedy the geographical disparities in the Medicare and Medicaid reimbursement systems, noting that doing so could return millions of federal tax dollars to the state of Wisconsin. In addition, the committee strongly supports the need for health care providers to create employment conditions in the work place that expand learning opportunities for staff and maximize direct patient care. In taking these steps, Wisconsin will improve its success in retaining health care workers in the state and retaining health care workers in the industry.

Recommendations:

1. Aggressively seek to increase reimbursement from all funding sources to allow employers to provide competitive wages to employees.
2. Provide flexible learning options through career laddering for individuals pursuing associate's, bachelor's, master's, professional and doctorate degrees in health care.
3. Expand educational opportunities for health care professionals to learn while they work, or return to work if they have a profession, especially those in underserved communities
4. Assess and maximize the effective use of technology in the workforce environment.
5. Regularly review rules, regulations and tort law considerations to reduce or eliminate non-productive, redundant activities that divert time from direct consumer and patient care. Direct savings from these activities to benefits and compensation as appropriate.
6. Identify and document health care employers with outstanding employee retention rates to use as benchmarks for others in the industry.
7. Transform the internal employment culture to a culture where health care staff is valued.
8. Determine and activate the state's role in training and supporting unpaid health care workers.

Goal C

We must redesign the health care system and become proactive in prevention and wellness promotion to improve both health care work and population outcomes.

The committee believes that the partners involved in addressing the health care workforce shortage need to move rapidly to address workforce shortages that exist now. However, they also recognize that the manner in which health care services are delivered will need to change over the coming decade in order to mitigate the dramatic impact that the growth in demand for services—as the state’s aging population grows—will have on workforce needs. Redesigning the health care system to promote wellness and prevention is a longer term task, but one that is equally important as recruitment, education and retention if the state expects to substantively address the workforce shortages that are expected to persist and grow in the coming decade.

Recommendations:

1. Use interdisciplinary approaches involving consumers and all levels of health care workers to create innovative health care delivery models and a meaningful work environment to produce demonstrated and measurable benefits for consumers.
2. Incorporate and integrate all statewide public health delivery systems to promote the use of proven best practices, integrated data, and coordinated systems of service delivery.
3. Develop an understanding of, and promote, the effectiveness and economics of an expanded view of health care that would emphasize wellness, prevention and best practices rather than a focus on acute care.
4. Invest in early and innovative prevention and disease management models.
5. Educate the general public and patients on their responsibility for health maintenance, incentives for wellness, avoiding injury, preventing and managing disease and care options.
6. Study the viability of making medical records and other health care information electronically available to the consumer and providers to facilitate care across an integrated system.

Goal D

We must establish a leadership committee that serves as an umbrella group coordinating health care worker shortage solutions in the State of Wisconsin.

The committee recognizes that the health care workforce shortage is a complex and long-term challenge facing our state. In that regard, it is essential to appoint a body of individuals representing the broad partnership of groups that are invested in aggressively addressing this issue and engaging and holding accountable those organizations responsible for implementing the recommendations in the action plans. The Leadership Committee will serve as a catalyst and monitor of the health care worker shortage. It will engage in ongoing analysis of workforce planning, review progress on recommendations and ensure the public is aware of the issue.

Recommendation:

1. The Governor should appoint a leadership committee that will include a representative group of public/private health care stakeholders, educational leaders, consumers and all levels of health care workers and caregivers. This committee will serve as a catalyst for and overall monitor of the retention and expansion of health care workers in Wisconsin. This group will help develop local/regional partnerships that can assist with the coordination and sharing of information. The Governor should appoint the group by the end of 2002.

V. Conclusion

Health care is an essential service for all Wisconsin citizens. Its availability, accessibility and high quality are essential for citizens' health and safety. This report demonstrates how the health care workforce shortage occurring now and that will continue to grow over the coming decades is threatening the viability of that essential service. High vacancy rates and high turnover rates in the industry, and an educational system that does not have the resources to produce enough skilled workers to meet employers' needs all contribute to an erosion in the quality of care Wisconsin citizens expect from the health care industry.

The recommendations in this report call on state government, the health care industry, consumers and educators to reverse these trends by stimulating new partnerships, implementing innovative strategies and reaching across organizational lines to work together to address the labor shortage threatening the state's health care. It is through this important work that the state's "workforce will be highly qualified and diverse; the health care second to none; and the work environment innovative and rewarding for the benefit of all."

Appendix I: Work Groups and Members

Education Work Group

Chair: Dr. Jeffrey Rafn, President, Northeast Wisconsin Technical College and Wisconsin Technical College Presidents Association, Green Bay

Co-Chair: Joel Davidson, Executive Director, South West Area Health Education Center, Madison

Members:

- x Sue Blahnik, Teacher, Sun Prairie High School, Sun Prairie
- x Eyvonne Crawford-Gray, Department of Public Instruction, Madison
- x Wendy Hinz, Teacher, Middleton High School, Monona
- x Bill Lobb, Dean, Marquette University School of Dentistry, Milwaukee
- x Gina Lohre, Teacher, Washington High School, Milwaukee
- x Suzanne Matthew, Director, Northern Wisconsin Area Health Education Center, Wausau
- x Kathryn May, Dean, UW School of Nursing, Madison
- x Jeannette McDonald, Faculty Associate, UW-Madison School of Nursing, and Director, Wisconsin Program for Training Regional Employed Care Providers, Madison
- x Kathleen McGwin, Executive Director, Kindcare, Inc., Watertown
- x Judy Miller, Interim Dean and Professor, Marquette University College of Nursing, Milwaukee
- x Thomas P. Moore, Executive Director, Wisconsin Health Care Association, Madison
- x Virginia Narlock, Administrative Program Director, Marshfield Clinic, Marshfield
- x Paul Nelson, Vice-President of Public Policy, Wisconsin Association Independent Colleges and Universities, Madison
- x Dr. Barbara Prindiville, Vice-President of Instruction, Western Wisconsin Technical College, LaCrosse
- x Bobbe Teigen, Administrator, Sauk Prairie Memorial Hospital, Prairie du Sac
- x Linda Weimer, Vice-President University Relations, UW System, Madison
- x Dorothy Winger, Teacher, Madison East High School, Madison

Recruitment and Retention Work Group

Chair: Norma Tirado, Vice President of Employee Services, Agnesian Health Care, and President-Elect of Wisconsin Society for Health Care Human Resources Administration, Fond du Lac

Co-Chair: Lee Schulz, Executive Director, Independence First, Milwaukee

Members:

- x Richard Best, Executive Director, West Central Wisconsin Workforce Development
- x John Botticelli, Vice-President Human Resources, St. Joseph's Hospital, Marshfield
- x Georgia Cameron, Black Nurses Association, Milwaukee
- x Cathy Crary, Consultant, Governor's Work Based Learning Board
- x Dennis Engel, Milwaukee
- x Greg Horstman, Deputy Secretary, Department of Regulation and Licensing, Madison
- x Patricia Lasky, UW School of Nursing, Madison
- x Mike Luber, Milwaukee
- x Dr. Sally Lundeen, Dean, UW-Milwaukee, School of Nursing, Milwaukee
- x Candice Owley, President, Wisconsin Federation of Nurses, West Allis
- x Midge Pfeffer, Registered Dental Hygienist, Dental Hygiene Association of Wisconsin, Sheboygan
- x Carol Pinkston, Northern Community Liaison, Wisconsin Program for Training Regional Employed Care Providers-Health Careers Consortium
- x Laurie Raddatz, Associate Dean, Coordinator Health Occupations, Western Wisconsin Technical College, LaCrosse
- x Polly Rongstad, Sacred Heart Hospital, Eau Claire
- x Tim Size, Rural Wisconsin Health Coop, Sauk Prairie
- x Betty Speed, Program Officer, M.O.R.E. Project, Milwaukee
- x Mary Jo Spiekerman, Vice-President, Dean Health System, Inc., Madison
- x Sally Sprenger, President/Administrator, ANEW Health Care Services, Inc.
- x Jim Springborn, DDS-President, Wisconsin Dental Association, Appleton
- x Pat Tuckwell, Senior Vice-President Nursing, Beaver Dam Community Hospital, Beaver Dam
- x Irene Warwick, Secretary, Wisconsin Personal Services Association, Wautoma
- x Chuck Wilhelm, Director, Office of Strategic Finance, Wisconsin Department Health and Family Services, Madison
- x John Zorbini, Vice-President Human Resources, Community Memorial Hospital, Menomonee Falls

Investment, Resources and Infrastructure Work Group

Chair: John Sauer, Executive Director, Wisconsin Association of Homes and Services for the Aging, Madison

Co-Chair: Cheryl Welch, Administrator, Fox Valley Workforce Development Board, Inc., Chair of the Wisconsin Association of Job Training Executives (WAJTE), Neenah

Members:

- ✕ Kris Andrews, Special Assistant to the Vice-President for University Relations, University of Wisconsin-Madison
- ✕ Josh Bindl, Legislative Support Staff, Wisconsin Counties Association, Madison
- ✕ Linda Cram, Pulaski High School, Milwaukee
- ✕ Anne Dopp, Chief Clinical Officer Primary Care, Wisconsin Department of Health and Family Services, Madison
- ✕ Scott Durren, Executive Director, Wisconsin Independent Living Council, Madison
- ✕ Pete Eide, Administrator, Marinuka Manor, Galesville
- ✕ Pat Finder-Stone, AARP, DePere
- ✕ Claiborne Hill, Director of Organizing, Service Employees International Union, Milwaukee
- ✕ Jeff Kaphengst, Homes for Independent Living, Oshkosh
- ✕ Dr. Mary Kelly-Powell, Chair, Nursing Department Edgewood College, Madison
- ✕ Martha Kerner, Executive Assistant, Wisconsin Department of Commerce, Madison
- ✕ Stan Kocos, Fond du Lac
- ✕ Michael Lawton, President, Wisconsin Clinical Lab Manager, Antigo
- ✕ Greg Nycz, Director, Family Center of Marshfield Clinic, Marshfield
- ✕ Alice O'Connor, Vice-President Advocacy, Policy & Strategic Planning, Wisconsin Medical Society, Madison
- ✕ Joanne Olson, Vice President Human Resources, Gunderson Lutheran Hospital, La Crosse
- ✕ Teri Pedersen, Lutheran Social Services, Appleton
- ✕ David Smith, Senior Vice-President Human Resources, Covenant Health Care, Milwaukee
- ✕ Gerri Staffileno, Director of Patient Care Services, Columbia-St. Mary's, Milwaukee
- ✕ Nancy Sugden, Assistant Dean, Academic Affairs, UW Medical School, and Director-Wisconsin Area Health Education Center, Madison
- ✕ M. Jane Thomas, Rural Health Specialist-Department of Commerce, Madison
- ✕ Dawn Vick, Outreach Specialist, Wisconsin Department of Administration, Madison
- ✕ Laurie Walsh, Sr. Vice-President Human Resources, Aurora Health Care, Milwaukee
- ✕ Barbara J. Zabawa, Staff Attorney/Project Director, Center for Public Representation, Madison

Redesign of Work Work Group

Chair: Lynn Polacek, Senior Clinical Nurse Specialist, ElderCare of Dane County and Member, Wisconsin Nurses Association, Madison

Co-Chair: Paul Wertsch, MD, President-Elect Wisconsin Medical Society, Madison

Members:

- x Bryan Albrecht, Division Director, Wisconsin Department of Public Instruction, Madison
- x Joyce Andersen, President, Wisconsin Pediatric Nurses Society, Madison
- x Mara Brooks, Director Government Services, Wisconsin Dental Association, Madison
- x Cheryl Detrick, Government Affairs Director, Green Bay Area Chamber, Green Bay
- x Elizabeth Doyle, Franklin
- x Laura Dresser, Research Director, Center of Wisconsin Strategy, Madison
- x Nan Kosydar Dreves, Registered Dental Hygienist, Gunderson Lutheran, La Crosse
- x Barbara Duerst, Wisconsin Office of Rural Health, Madison
- x Yvonne Eide, Past President Respite Care Association of Wisconsin, Madison
- x Val Fjalstad, Board of Directors Member, Respite Care Association of Wisconsin, Beloit
- x Mary Lu Gerke, Administrative Director, Gunderson Lutheran Medical Center, La Crosse
- x Joe Handrick, Wisconsin Society of Anesthesiologists, Madison
- x Janie Hatton, Principal, North Division High School, Milwaukee
- x Pam Maxson-Cooper, Vice-President Patient Care, Froedtert Memorial Hospital, Wauwatosa
- x Diane Peters, Vice-President Workforce Development, Wisconsin Health and Hospital Association, Madison
- x Pam Ploetz, President, Pharmacy Society of Wisconsin, Madison
- x Kim Turner, Community Alliance of Providers of Wisconsin, Executive Director, Options in Community Living, Madison
- x Charles Young, GE Medical Systems

Appendix II: Action Plans for Addressing the Health Care Workforce Shortage in Wisconsin

Action Plan for Recommendations Under Goal A

We must increase the number and diversity of individuals choosing health care occupations and expand educational capacity to meet the needs of the labor force.

Recommendations and Action Steps	Entities Involved	Time Line
1. Increase education program capacity and clinical sites.		
X Charge our educational institutions to work collaboratively to increase capacity to address workforce shortages based on labor market demand by 50 percent within the next 3 years and by 100 percent within the next 5 years.	Governor and Legislature	Upon release of the report by this committee. (September 2002)
X Prioritize state funding and increase funding for secondary and post-secondary public institutions to expand health care education programs.	Governor and Legislature	September 2002 and ongoing
X Create more flexible, e.g., 24/7 clinical experiences.	WTCS, DPI, UW, WAICU, Health Care Associations and Regional Partnerships	July 2003
X Provide incentives to health care providers to provide equipment, space and instructional time for health care education programs.	Health Care Associations	July 2003
X Develop a statewide coordinated database for clinical sites across all disciplines.	WISCLS, AHEC, WHA, LWDB and DHFS	July 2004
X Use existing (or create) model regional partnerships that address capacity.	K-20 Education, health care employers, labor, and other private sector employers	January 2003
X Encourage all health care facilities to participate in clinical training.	Health Care Provider Associations	July 2003
X Provide flexible learning options including distance learning, weekend programs, apprenticeships, evening programs and programs in the workplace.	WTCS, UW, WAICU and DWD	Beginning academic year 2003-2004

Recommendations and Action Steps	Entities Involved	Time Line
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2. Increase financial aid funding

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| X | Fund scholarships and loan forgiveness programs specifically for students who commit to work in Wisconsin | HEAB, Legislature and Governor | September 2002 and ongoing |
| X | Establish a needs-based financial aid program to help recruit low-income, academically disadvantaged, under-represented populations (including minorities, people with disabilities and those under-represented in an occupation by their gender) and populations living and working in rural areas. | HEAB, Legislature and Governor | September 2002 and ongoing |
| X | Seek more federal and state support for financial aid. At the federal level, partner with DHSS Secretary and Congressional Delegation to obtain support. | WAICU, UW, WTCS, and Health Care Provider Associations | February 2003 |
| X | Recruit corporate sponsors to fund financial aid for students pursuing health care degrees. Match students with corporate sponsors through a statewide database | Health Care Provider Associations, WMC, AFL-CIO, HEAB, and HOPE | Sept. 2002 - planning
July 2004: database completed. |
| X | Provide financial support beyond tuition to help meet other needs, including living expenses, child care, health care, etc. | DWD, DHFS, Health Care Providers, Governor and Legislature | September 2002 and ongoing |

3. Increase the number of instructors for health care programs

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| X | Modify state and national requirements for instructors so that competency achievement could replace degree/accreditation requirements. | DPI, UW, WTCS, WAICU, WEAC, WFT, and professional accrediting bodies | June 2004 |
| X | Ensure financial aid includes eligibility for advance degree students and covers full and part-time students and students pursuing a second degree. | HEAB and Legislature | July 2004 |
| X | Commence to work with accreditation bodies to make necessary changes that would allow bachelor's level health care professionals to teach some of the clinicals. | UW, WTCS, WAICU and DHFS | January 2003/
Complete by July 2004 |
| X | Prioritize financial aid and loan forgiveness programs for bachelor's, master's, professional and doctorate degree students who agree to teach in Wisconsin. | HEAB and Legislature | July 2004 |
| X | Provide flexible learning options for people pursuing bachelor's, master's, professional and doctorate degrees who are pursuing teaching careers. | UW and WAICU | July 2003 |

Recommendations and Action Steps	Entities Involved	Time Line
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4. Expand health care employers' access to already qualified workers by:

<p>X Establishing Health Corps (like Americorp) for students and adults who would commit to a health profession for a period of time and receive some pay.</p>	DOA and DHFS	January 2003
<p>X Adopting national state-to-state reciprocity for various health care fields and increasing in-migration from other states.</p>	Department of Regulation and Licensing and DWD	January 2003
<p>X Identifying and eliminating regulations and other barriers for entry into health care professions and employment.</p>	Department of Regulation and Licensing	July 2003
<p>X Decreasing processing time for licensure.</p>	Department of Regulation and Licensing	January 2003
<p>X Using regional partnerships between health care employers, labor and educational institutions to support health care workforce development, career counseling, and life-long learning experiences.</p>	K-20 education, health care employers, labor, AHEC, LWDB and other private sector employers	January 2003
<p>X Launching a statewide effort to recruit health care workers.</p>	DWD, LWDB's and CWI	July 2003

Recommendations and Action Steps	Entities Involved	Time Line
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5. Make changes in the educational system and workplace that help attract a more diverse workforce.

<p>X Develop mentor programs to assist minority and English as a Second Language (ESL) students in achieving success in health care education programs.</p>	<p>WTCS, UW, WAICU, K-12, Black Nurses Association, DWD, AHEC and LWDB</p>	<p>2003-2004 academic year</p>
<p>X Identify the nature and scope of cultural insensitivity that minority populations have experienced in the health care or educational settings by meeting with community leaders, health education student and graduates, and health care employees of all local cultures.</p>	<p>Regional Partnerships (lead), DHFS Minority Health Initiative and AHEC</p>	<p>January 2004</p>
<p>X Develop/implement curriculum and instructional materials for teachers/instructors and students that allow them to achieve cultural competency and work with other cultures.</p>	<p>UW, WAICU, DPI, WTCS, Regional Partnerships, DHFS Minority Health Initiative, Black Health Coalition, AHEC and LWDB</p>	<p>2004-2005 academic year</p>
<p>X Provide intensive preparation courses and skills development opportunities for economically disadvantaged, minorities and ESL students prior to entering health care education programs.</p>	<p>WTCS, UW, WAICU, K-12, Black Nurses Association, AHEC, LWDB and DPI</p>	<p>2003-2004 academic year</p>
<p>X Review and retool certification requirements for teachers/faculty, health care professionals and administrators relative to understanding minority issues and cultural differences:</p> <ul style="list-style-type: none"> • Every new teacher/faculty member/administrator would receive 30 hours of training on this issue within the first three years of employment, regardless of previous education/experience. • Require every teacher/faculty member to participate in three hours of continuing education on this issue in order to maintain certification. • Require sensitivity training course work for state license procurement for all health care careers. 	<p>DPI, WTCS, Department of Regulation and Licensing, DHFS, WEAC and WFT</p>	<p>2004-2005 academic year</p>
<p>X Ensure all health care facilities, occupations and educational institutions are fully accessible to people with disabilities.</p>	<p>DWD/DVR, WTCS, UW, WAICU, ILC's and DHFS</p>	<p>On-going monitoring</p>

Recommendations and Action Steps	Entities Involved	Time Line
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6. Provide incentives to promote, identify and implement innovative models of educational delivery.

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| <p>X Create incentives (financial, tax, regulatory and other) for health care organizations that provide equipment, space, clinicals and instructors for health care education.</p> | <p>Governor, Legislature, Health Care Provider Organizations, WTCS colleges, DPI, WAICU</p> | <p>September 2002 and ongoing</p> |
| <p>X Create regional partnerships including education sectors (K-12, tech colleges, and public and private 4 year institutions) and health care providers to identify and implement innovative models. Ensure that the partnerships reflect the cultural diversity of the region.</p> | <p>Regional Partnerships, LWDB, AHEC, DWD and CWI</p> | <p>Launch initial pilots by 2004-2005 academic year</p> |
| <p>X Provide funds to be used for innovative educational delivery pilots, including interdisciplinary approaches.</p> | <p>Governor, Legislature and Congressional Delegation WAICU, ILC's,</p> | <p>September 2002 and ongoing</p> |

7. Develop mutually agreed-upon competencies for each of the health care credentials.

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| <p>X Provide incentives for and expand articulation agreements within and between the secondary and higher education sectors (UW, tech colleges and private institutions).</p> | <p>DPI, local school districts, Governor, WAICU, WTCS and UW</p> | <p>100% of programs, as appropriate, by 2006-2007 academic year</p> |
| <p>X Recommend statewide career laddering for Wisconsin Technical Colleges, UW System and private colleges to provide health program course competencies so students who already have credentials that meet the first set of competencies can move forward to the second set.</p> | <p>WTCS, WAICU, UW, Health Care provider Associations, HOPE and School Districts</p> | <p>Complete by 2006-2007 academic year</p> |
| <p>X Develop secondary health occupation certification standards and include them in the new PI34 teaching standards.</p> | <p>DPI/HOPE and AHEC</p> | <p>Rewritten by September 2002 and adopted by 2004</p> |
| <p>X Require that all health care program outcomes be expressed in competency language by Jan. 2006. Establish mutually agreed upon (by educational institutions PK-20) assessment tools and process for all health care skills competencies by Jan. 2007.</p> | <p>WTCS, WAICU, UW, Health Care Provider Associations, AHEC and DPI</p> | <p>January 2006</p> |
| <p>X Establish K-12 model academic standards for health care that are consistent with those in post-secondary education.</p> | <p>DPI</p> | <p>2005-2006 academic year</p> |

Recommendations and Action Steps	Entities Involved	Time Line
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8. Promote health care careers in the PK-12 systems.

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| <p>X Expand funding for and charge each PK-12 school district to provide access to health occupation education programs for entry-level health occupations (e.g., certified nursing assistant, EMT, sports medicine) training in place by 2005. Cost of new programs will be exempted from the cap.</p> | <p>DPI Superintendent, Governor, Legislature and DWD</p> | <p>The charge is upon release of report. September 2002 and on-going</p> |
| <p>X Expand funding and capacity for work-based learning options for health occupations, including the Youth Apprenticeship program, cooperative education, and internships.</p> | <p>Governor, Legislature, DWD, DPI and WTCS</p> | <p>September 2002 and ongoing</p> |
| <p>X Provide incentives for health care providers to “adopt a school” and provide health career exploration.</p> | <p>Health Care Associations</p> | <p>Commence meeting January 2003; implement by January 2004</p> |
| <p>X Provide incentives to secondary and post-secondary schools to encourage seamless delivery of health care education, e.g., Tech Prep, Youth Apprenticeship, Youth Options, Academies, and articulated health occupations education programs.</p> | <p>Governor, Legislature, DPI, WTCS, UW and WAICU</p> | <p>September 2002 and ongoing</p> |

Action Plan for Recommendations Under Goal B

We must increase the retention rates of Wisconsin's current health care workforce

Recommendations and Action Steps	Entities Involved	Time Line
<p>1. Aggressively seek to increase reimbursement from all sources to allow employers to provide competitive wages to employees.</p>	<p>Governor, Legislature, US Dept. of Health and Human Services, Private Employers, Wisconsin Nurses Association, Labor Organizations Competitive Wisconsin, Wisconsin Medical Society, Nursing Homes and Providers</p>	<p>2 years</p>
<p>2. Provide flexible learning options through career laddering for individuals pursuing associate's, bachelor's, masters, professional and doctorate degrees.</p>	<p>Higher Education Institutions</p>	<p>July 2003</p>
<p>3. Expand educational opportunities for health care professionals to learn while they work, or return to work if they have left the profession, especially those in underserved communities, via:</p> <ul style="list-style-type: none"> ✗ distance learning ✗ incentives ✗ access through place of employment ✗ evenings and weekends 	<p>DWD and Higher Education Institutions Employers, labor organizations, AHEC's, LWDB, WisTREC and CNP</p>	<p>Fall 2003 and ongoing</p>
<p>4. Assess and maximize the effective use of technology in the health care workforce environment, e.g. reducing paperwork, redundancy, improving communication, reducing medical errors, direct care service provision and collaborative systemic education (training, skill development, basic education requirements).</p>	<p>DHFS and professional associations</p>	<p>Fall 2004</p>

Recommendations and Action Steps	Entities Involved	Time Line
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5. Regularly review rules, regulations and tort law considerations to reduce or eliminate non-productive, duplicative, or redundant activities that divert time from direct consumer / patient care. Direct savings from these activities to benefits and compensation as appropriate.

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| <ul style="list-style-type: none"> X Identify and eliminate non-productive activities that divert time from direct care; eliminate or streamline outdated regulatory and accrediting standards, payers should collaborate with providers to simplify authorizations, organization staff identify and work to eliminate policy and procedure barriers, decrease administrative expenses including the need for consultants to meet regulatory and certification requirements. (Adapted from NAHQ Government Relations position paper).
 X Identify and remove unnecessary rules and regulations that would prevent implementing a new integrated approach, protect from malpractice and other tort procedures for providing care in new and more unconventional ways.
 X Eliminate the need for the Joint Committee for Accreditation of Health Organizations (JCAHO) by developing an effective, non-duplicative state survey and accreditation so that employers have only one accreditation body with which to work (similar to ISO9000 certification). Reallocate money saved by eliminating this duplication towards compensation and other areas. | <p>Professional Associations, State agencies, DWD, DHFS, Legislature, Department of Regulation and Licensing, regulatory boards, Leadership group, Legal counsel; WHA, WHCA; WAHSA, US DHHS, and Minority Health Initiative</p> | <p>2003</p> |
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<p>6. Identify and document employers with outstanding retention rates to use as benchmark for others in health care industry.</p>	<p>DWD and WSHHRA</p>	<p>May 2003 and ongoing</p>
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Recommendations and Action Steps	Entities Involved	Time Line
<p>7. Transform the internal employment culture to a culture where health care staffs are valued by using existing and future research. Initial attention should be given to:</p> <ul style="list-style-type: none"> X Creating mentoring programs X Creating recognition programs X Improving work/life balance (workload issues) X Assuring competency X Customer Service X Patient Satisfaction X Employee satisfaction X Improving internal employee relationships X Collaborative work models X Improve the interaction between autocratic and collaborative environment X Increase leadership development X Increase professional and occupational advancement opportunities (Developing career pathways and ladders) X Safety & Security X Remedies for heavy physical labor and back injuring work, which leads to the aging workforce leaving the field. 	<p>Professional Associations, State agencies, DWD, DHFS, Legislature, Department of Regulation and Licensing, regulatory boards, Leadership group, Legal counsel; WHA, WHCA; WAHSA, US DHHS, and Minority Health Initiative</p>	<p>2003</p>
<p>8. Determine and activate state's role to train & support unpaid health care givers.</p>	<p>DWD, DHFS, Dept. of Aging, County Government</p>	<p>Ongoing</p>

Action Plan for Recommendations Under Goal C

We must redesign the health care system and become proactive in prevention and wellness promotion to improve both health care work and population outcomes.

Recommendations and Action Steps	Entities Involved	Time Line
1. Use interdisciplinary approaches involving consumers and all levels of health care workers to create innovative health care delivery models with a meaningful work environment to produce demonstrated and measurable benefits for consumers.		
X Engage consumers as partners to create innovative health care models that provide benefits for consumers	State Agencies, State professional organizations, Regional groups, Educational institutions, Consumers and Consumer groups, and Labor groups	2003 - ongoing
X Engage all levels of health care workers to help identify work environment improvements and creation of more meaningful work		
2. Incorporate and integrate all statewide public health delivery systems to promote the use of proven best practices, integrated data, and coordinated systems of service delivery.		
X Examine systematizing all current delivery systems (e.g. 0-3 program, school health, senior care, immunization, dental care, mental health care, etc.)	State Agencies, State professional organizations, educational institutions, Consumers and Consumer groups, and Licensing/regulation boards	2003 -ongoing
3. Develop an understanding of and promote the effectiveness and economics of an expanded view of health care that would emphasize wellness, prevention and best practice rather than a focus on acute care.		
X Analyze cost shifting from the uninsured and underinsured to the insured	State Agencies, Education/research institutions, Grantors	2003 – 2007
X Evaluate the full scope of health care from prevention to acute care, early intervention, hospitalization, nursing home, homecare, community care, hospice, and respite care and the economic interrelationships between them.		
X Focus on the meeting the needs of diverse individuals (e.g. generational, cultural, race, gender, differing abilities, etc.), local population based priorities and health disparities)		

Recommendations and Action Steps	Entities Involved	Time Line
4 Invest in early and innovative prevention and disease management models.		
X Identify and expand current models that have documented improvement in health for a community / population, chronic disease management, and interdisciplinary care including mental health models.	Governor, Legislature, State Agencies, Public Health System, Schools/educational institutions, Health care professionals and educators, HMOs, Medicaid, Grantors, Employers and Insurance companies	2007 - 2010
X Fund innovative health promotion / wellness pilot projects or programs and waive regulatory restraints.		
X Provide reimbursement incentives for public / private partnerships to address population-based intervention priorities at the local level.		
X Implement tax and other incentives for wellness		
X Shift from total disease based reimbursement focus to coordination / management of care		
X Fund appropriate use of technology for early detection when it would be cost effective.		
X Fund health care options and community benefits to stay at home so expensive high technology invasive treatments, especially for end of life care, are not the only options.		
X Establish best practice conferences and a clearinghouse for coordinating dissemination of information regarding innovative best practice models.		
5. Educate and provide incentives to the general public and patients on their responsibility for health maintenance, avoiding injury, preventing and managing disease, and care options.		
X Emphasize wellness and health responsibilities in the work place and in schools.	State Agencies, PK-16 Education, Public Health System, Employers, Legislature, Legal counsel, Consumer / advocate groups, Media, and Regional groups	2002 - ongoing
X Create incentives for people to stay healthier or safer.		
X Educate on care options and realistic health care outcome expectations (e.g. end of life care).		

Recommendations and Action Steps	Entities Involved	Time Line
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6. Study the viability of making medical records and other health care information electronically available to the consumer and providers to facilitate care across an integrated system

<ul style="list-style-type: none"> X Examine models (e.g. VA Hospital) and software options. 	Legislature, State Agencies, Health Information Management	2006
<ul style="list-style-type: none"> X Evaluate inefficiencies of current medical record system (redundancy of work, consumer frustration, patient safety issues, etc.). 	professionals, Wisconsin Nurses Association, Information Systems developers and specialists, Legal counsel, Consumers, Disability advocates, Health care providers, Medical society, Hospital association, and VA Hospital	

Action Plan for Recommendations Under Goal D

We must establish a leadership committee that serves as an umbrella group coordinating health care worker shortage solutions in the State of Wisconsin.

Recommendations and Action Steps	Entities Involved	Time Line
<p>1. The Governor should appoint a leadership committee that will include a representative group of public/private health care stakeholders, educational leaders, consumers and all levels of health care workers and caregivers. This group will serve as an overall monitor and catalyst for the retention and expansion of health care workers in Wisconsin. This group will help to develop local/regional partnerships that can assist with the coordination and sharing of information.</p> <p>The leadership committee will:</p>		
X Provide oversight to develop an integrated data system that is linked to Federal/State/Local data collection efforts.	DWD	January 2004
X Engage in ongoing analysis of health care workforce planning and development.	DWD, WTCS, UW, WAICU	January 2004
X Provide oversight for the review of state regulations on an ongoing basis	DWD, DRL, DHFS, UW, WTCS, WAICU and Private Partners	December 2003
X Provide oversight for the redesign of work efforts on an ongoing basis.	DWD, DHFS, UW, WTCS, WAICU and Private Partners	January 2004
X Provide recommendations for the effective use of funding streams in providing payments for workforce planning and development. This will include: <ul style="list-style-type: none"> Analyzing the relationship between public and private funding for health services and the ability to recruit and retain health care workers; and Analyzing the Medicaid/Medicare payments system to determine their adequacy in enabling health care workers to be fairly compensated and their impact on commercial or private payments. 	DWD, DHFS, Research Institutions and Private Partners, DWD, DHFS, UW, WTCS, WAICU	January 2004

Recommendations and Action Steps	Entities Involved	Time Line
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- | | | |
|---|---|--------------|
| <ul style="list-style-type: none"> ✘ Distribute information on existing resources and assets and outcomes of Wisconsin's current health care workforce planning and development infrastructure. | DWD, DHFS, UW, WTCS, WAICU and Private Partners | January 2004 |
| <ul style="list-style-type: none"> ✘ Oversee the urgent development and implementation of a local and statewide marketing plan, and materials to communicate the importance of an adequate supply of qualified health care workers, as well as the image of health care workers, has on the public as well as the health of the local and state economy. | DWD, AHEC, Department of Commerce, Workforce Development Boards, Public/Private Partnerships/Associations | January 2004 |

Appendix III: Data Sources

1. 2001 Registered Nurses Workforce Survey, Department of Health and Family Services
2. 2000 Nursing Home Survey, Wisconsin Health Care Association and Wisconsin Association of Homes and Services for the Aging
3. 2000 Hospital Personnel Survey, Department of Health and Family Services and Wisconsin Health and Hospital Association
4. Population Projections, Department of Administration
5. 1992-92 and 2000-01 Graduate Follow-Up Reports, Wisconsin Technical College System
6. Wisconsin Projections, 1998-2008: Labor Force, Industries and Occupations, Department of Workforce Development
7. Data on 2-Year, 4-Year and MSN Nursing Graduates 1991-92 and 2000-01, Wisconsin Association of Independent Colleges and Universities
8. Data on Health Professions and Allied Health Graduates 1991-92 and 2000-01, UW-System
9. Wisconsin's Racial and Ethnic Diversity: Census 2000 Population and Percentages, UW Extension
10. U.S. Census Data: The Middle Series, U.S. Census Bureau
11. COP and COP-W Report to the Legislature for 2000, Wisconsin Department of Health and Family Services

Appendix IV: List of Organizational Names and Their Acronyms Listed in the Action Plans

Acronyms for Wisconsin State Agencies

DPI-Department of Public Instruction
 DHFS-Department of Health and Family Services
 DRL-Department of Regulation and Licensing
 DWD-Department of Workforce Development
 HEAB-Higher Educational Aids Board
 WTCS-Wisconsin Technical College System
 UW-University of WisconsinSystem

Acronyms for Other Organizations

AHEC-Area Health Education Center
 CWI-Council on Workforce Investment
 HOSA-Health Occupations Students of America
 HOE-Health Occupations Education
 HOPE-Health Occupations Public Educators
 ILC-Independent Living Centers
 LWDB-Local Workforce Development Boards
 WEAC-Wisconsin Education Association Council
 WAICU-Wisconsin Association of Independent Colleges and Universities
 WFT-Wisconsin Federation of Teachers
 WSHHRA-Wisconsin Society of Health Care Human Resources Administration

Staff to the Committee

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