



# **WCMEW**

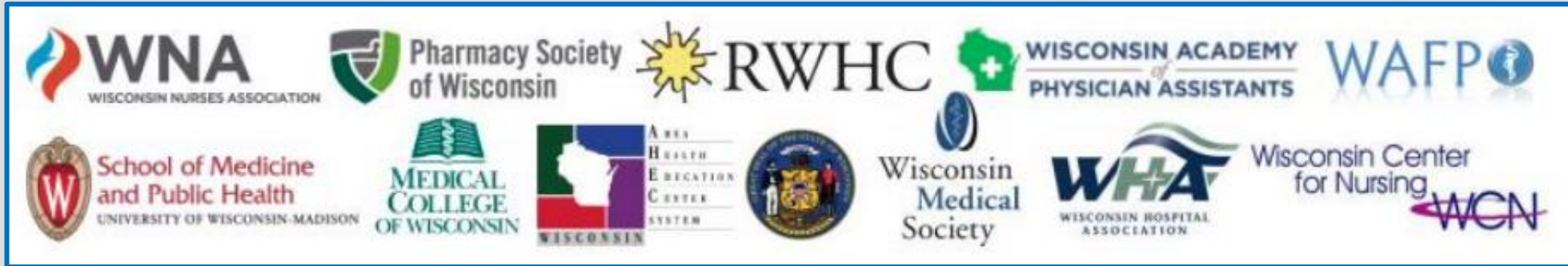
## **WI COUNCIL ON MEDICAL EDUCATION AND WORKFORCE**

### **Workforce Considerations of Direct Primary Care in Wisconsin**

July 24, 2018

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# MEET WCMEW



- **Mission:** Ensure a health care workforce that meets the needs of WI citizens by convening stakeholders to:
  - Develop recommendations;
  - Connect allies; and
  - Bring attention to workforce opportunities and challenges
- Non-profit, multi-stakeholder **collaboration:**
  - ✓ Health care providers
  - ✓ Educational institutions
  - ✓ Employers
  - ✓ State of WI

# WORKFORCE IMPACTS

## Consider *potential* impacts:

1. Current healthcare workforce shortages, which vary across Wisconsin regions, with disproportionate possible outcomes on underserved areas (inner-city, rural);
2. Efficiency gains related to decreasing administrative burden;
3. Clinician engagement and satisfaction, contributing to retention;
4. Decision to pursue primary care partially driven by less competitive salaries compared to specialty practice.

# WORKFORCE DEVELOPMENT

## Increase total number of clinicians



- Add to workforce pipelines
- Retain providers – avoid churn and early retirement

## Increase utility of current workforce

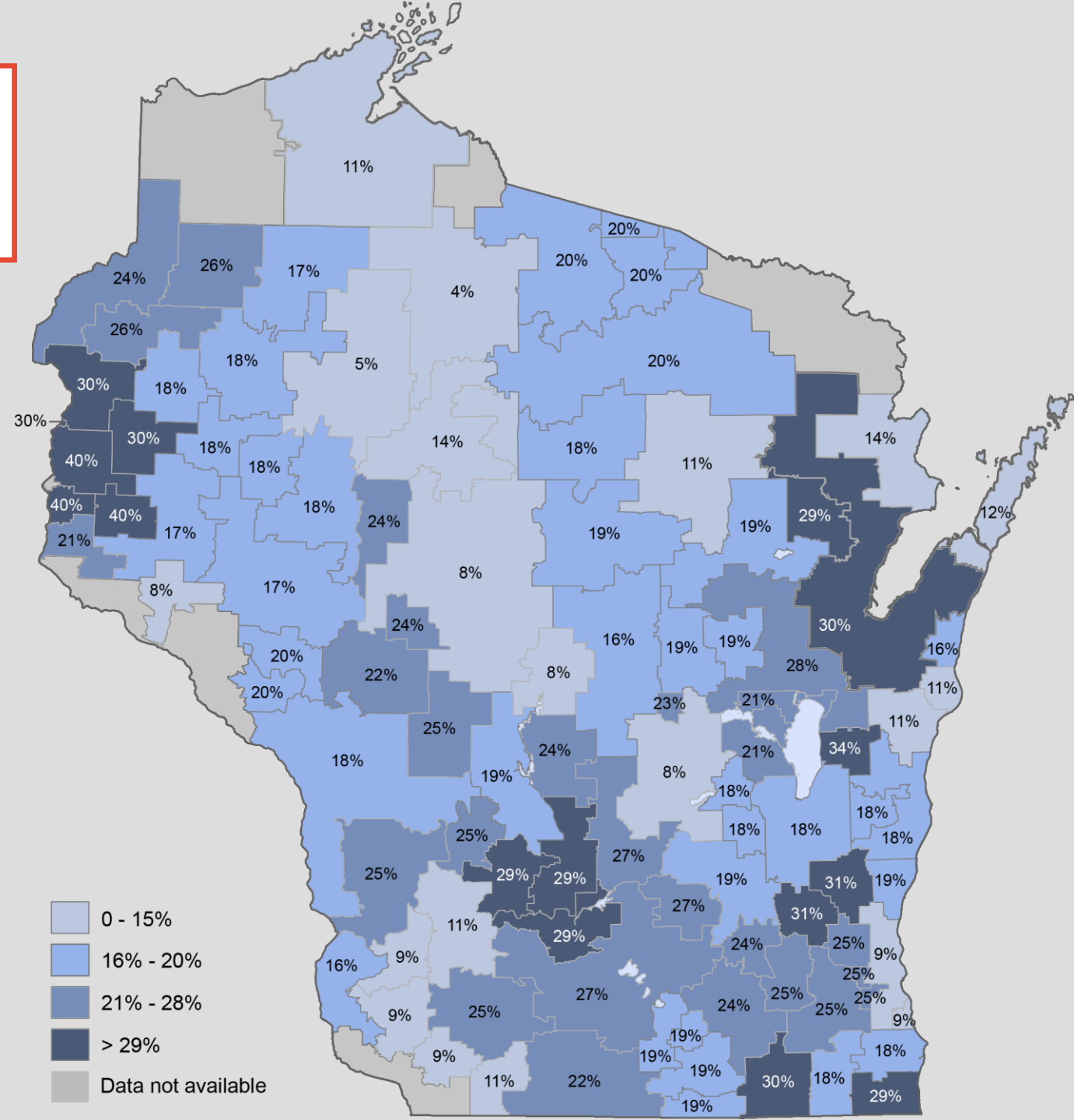


- Collaborative care models
- Telehealth and Electronic Medical Records
- Shifting workloads
- Maximize efficiency while maintaining quality

# MALDISTRIBUTION

Projected increase in demand for Primary Care Physicians:

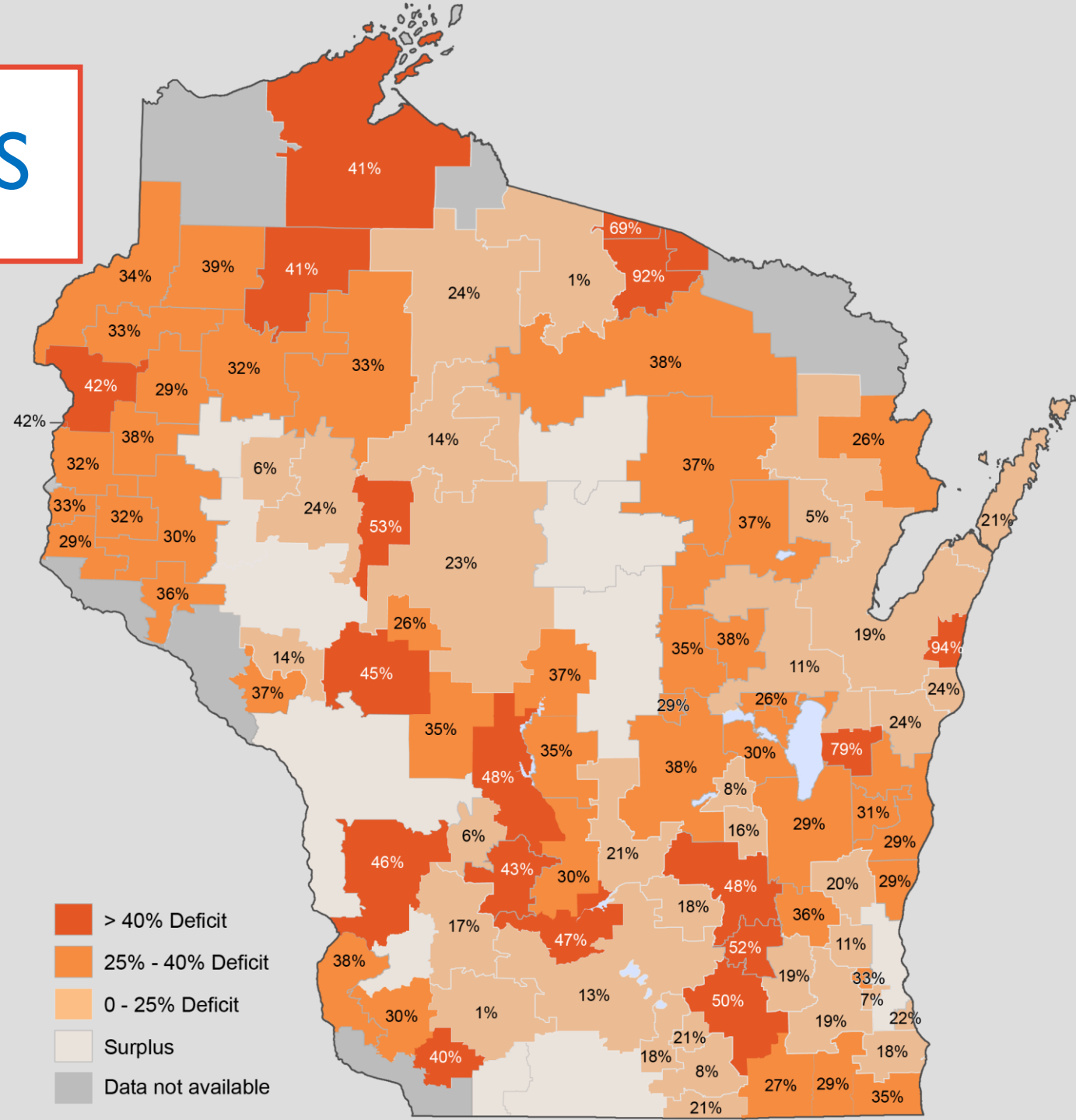
- Statewide: **21%**
- Variation: **4-40%** across regions



# PROJECTED DEFICITS

Projected **deficits** for  
Primary Care Physicians:

- Statewide: **14%** - or 745 FTEs in the year 2035



# REPORT FINDINGS

- New education and training programs have shown positive results in PCP expansion and retention, *and*
- There have been some noteworthy innovations in clinical training and retention strategies.

## ***HOWEVER***

- Demand for PCPs, driven by an expanding and aging population, will outstrip projected supply, which will experience a nearly 40% retirement rate together with major demographic changes. The shortfalls will be felt unevenly across WI.
- We cannot expect to fill the demand for primary care solely through our physician workforce.
- A piecemeal and largely uncoordinated approach to education and training hampers a comprehensive solution to the impending problem.

# RECOMMENDATIONS

## ***Continue emphasis on Infrastructure and Long-Range Planning***

1. Continue to fund programs that invest in infrastructure development and training; ensure flexibility
2. Expand and better coordinate clinical training sites
3. Expand rural and underserved programs by recruiting students likely to stay
4. Build workforce into strategic planning processes

## ***Collect and leverage data for decision-making***

1. Develop comprehensive APC workforce data
2. Recognize and spread best practices for team-based care
3. Track data longitudinally for new campuses and physician residencies
4. Identify better ways to measure access
5. Identify providers needed for Wisconsin's aging population



# CONSIDERATIONS

Current and projected shortages  
(worst in rural and inner-city areas)



**Effects of reduced panel sizes, due to longer time spent with patients?**

High rates of clinician burnout and dissatisfaction (all healthcare professionals)



**Effects of increased engagement and face time with patients?**

Considerable resources spent on administrative tasks




**Effects of reducing administrative tasks and substituting for patient interaction?**

Physicians opting to practice in specialty care



**Possible incentives for primary care practice?**



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