

# WCMEW

Wisconsin Council on Medical Education and Workforce

**AUGUST 2018**

***Early Bird Registration Now Available...***

**Creating the Clinical Workforce We Need:  
Policies, Strategies, and Innovations in Wisconsin**

WCMEW Annual Workforce Summit

Friday, November 2, 2018 (8am – 4pm), Glacier Canyon Lodge, Wisconsin Dells

**[Click here to register](#)**

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## **GEORGE QUINN INTERVIEWS DR. SCOTT SHIPMAN, WCMEW SUMMIT KEYNOTE**

This month's newsletter features edited excerpts from an August interview with Dr. Scott Shipman, MD, PhD, Director of Primary Care Initiatives and Workforce Analysis, Association of American Medical Colleges (AAMC), conducted by WCMEW Executive Director George Quinn. Dr. Shipman will provide the keynote at WCMEW's interdisciplinary workforce summit on November 2.

*WCMEW: What is your role with the AAMC, and what draws you to workforce planning and care delivery issues?*

**Dr. Shipman:** I am the Director of Clinical Innovations and Primary Care Affairs at AAMC – two roles that focus specifically on the care delivery side of academic medicine. Much of my time is focused on efforts to promote high-value delivery, as reimbursement shifts toward risk-based models. My pathway to this position started from a pure clinician and workforce researcher, as a pediatrician by training, but my academic interests were long tied to health policy and workforce, and how our policies inform the workforce in a healthcare setting.

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*WCMEW: Does your research suggest we have a net physician shortage issue, maldistribution issue, or a challenge around inefficient utilization of providers?*

**Dr. Shipman:** I have long subscribed to a belief that the major issue and challenge with workforce is one of maldistribution – geographic and specialty. The notion of an aggregate shortage or excess – I don't find that to be personally all that helpful beyond a talking point. At the least we need to look at the local phenomenon of limited access – it doesn't matter what the AAMC or anyone else says about the aggregate, if a patient does or doesn't have the clinician expertise or resources available, then that is what the vast majority of policy should be dedicated to.

Part of maximizing capacity has to be a reexamination of the specific roles of physicians, other clinicians, and other healthcare team members – there is no turning back from the need to be more thoughtful about the cost of healthcare and reigning that in. This will be accelerated by risk models. Part of the cost of healthcare is driven by inefficiencies in the way we delivery care – and part of that is staffing models and who does what, and lack of adaptation of staff roles to the 21<sup>st</sup> century. Maybe not so much from a policy standpoint, but certainly from a care redesign and operational standpoint.

*WCMEW: You've stated that "understanding the new skills clinicians will need—and how best to train them to use those skills—is essential to providing high-quality care and meeting the needs of tomorrow's patients." What, then, is needed, in terms of policy, training, etcetera, to ensure high quality adoption of new technology?*

**Dr. Shipman:** The amount of investment in healthcare around new technologies and risk of what seems shiny and new driving practice, independent of evidence effectiveness, let alone cost effectiveness, is one of the big risks we're facing now as increasingly payers provide telehealth services.

There is a critical role of high quality research to have a focused agenda on evaluating these new technologies and understanding in what settings they're effective and in what settings they may not be, or the evidence is lacking. I believe that payers have been wise in exercising caution when paying for these new technologies, with risk of overuse. Convenience could drive up cost and utilization without actually improving health.

But, tech carefully applied can be a real boon for better patient care. Better from meeting the needs of patients, and better from the standpoint of extending workforce and addressing maldistribution. Also, technology can add to the resources at the hands of primary care docs who can provide more comprehensive care but don't have to wing it – they can access colleagues with specialty expertise, instead of having PCs lose patients to specialists. Technology can essentially increase the comprehensiveness of primary care, if delivered effectively.

*WCMEW: What can policymakers and healthcare leaders do to maximize their workforce and increase access for patients?*

**Dr. Shipman:** Different markets will look to various solutions as they have different workforce availability to start with. Physicians spend far too much time in the average practice today doing things that don't require medical school, and don't directly translate into care giving to patients. In a world of shortages,

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how can we redesign systems to enable physicians to do what they were trained in medical school to do, and minimize all the other things that get in the way? We can optimize a lot just by doing that.

Team-based care is where we need to go, and lots of providers have trained in and practiced in labels with teams, but the delivery model hasn't changed much from the old-fashioned model where a physician does everything. True innovations allow for physicians to care for patients who really need their skill set, and reduce clerical and administrative burden. In recognizing there are others who can do things better than physicians in many respects, we should embrace that.

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Hear more from Dr. Shipman at this year's Summit! Additional presenters include **Sunshine Balistreri** (Provider Workforce Planning Manager, Aurora Health Care), **Robbi Bos** (Vice President, Human Resources, Sauk Prairie Healthcare), **Tara Streit** (Wisconsin Academy of Physician Assistants) and **Lisa Dodson, MD** (Medical College of Wisconsin – Central Campus Dean, and Professor in Family and Community Medicine). Sessions will cover topics such as:

- Resources for recruitment and retention, focusing on engagement and climate;
- Specific tactics leveraged by innovators to develop community-based medical school expansions;
- Workforce strategic planning that leverages data and collaboration to plan for growth; and
- Challenges and opportunities related to the coordination of clinical sites, among other topics.

The summit is an ideal venue for connecting across professions and traditional industry silos. Policymakers, healthcare leadership, educators, and clinicians are invited to attend. The summit will take an interdisciplinary, forward-focused approach to workforce issues. Registration information is available [online](#) for the WCMEW Summit. Contact Richelle Andrae at [randrae@wcmew.org](mailto:randrae@wcmew.org) with any questions.

The Wisconsin Hospital Association is also offering a one-day conference on workforce issues, specifically designed to gain a better understanding of the nuances, limitations and opportunities to support and maximize the integration of Advanced Practice Clinicians. The WCMEW and WHA events will offer complementary information about today and tomorrow's workforce issues – with the WHA event focused on present challenges and tactics, with WCMEW exercising a future perspective on the healthcare workforce more broadly. Registration is now open for “WHA Advanced Practice Clinician Conference: A Comprehensive Look at APC Practice Challenges and Opportunities for Integrated Care Delivery in Wisconsin,” at: <http://www.cvent.com/d/hgq74q>. WHA, along with supporting partners Wisconsin Organization of Nurse Executives (WONE), the Rural Wisconsin Health Cooperative (RWHC) and the Wisconsin Medical Group Management Association (WGMGA), are pleased to offer this statewide event designed for hospital and clinic leaders, clinicians in leadership and practice roles, human resources and recruiting specialists, compliance officers, legal counsel, medical staff services, and others with APC management responsibilities.

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### CLINICAL SITE COORDINATION WORK GROUP: SEEKING INPUT FROM STUDENT ROTATION SITES

WCMEW has developed a new interdisciplinary work group that is investigating inefficiencies and other challenges in clinical site coordination across Wisconsin. The group is comprised of over a dozen education coordinators from NP, PA, Pharmacy and Medical student programs in the state, plus hospital and health system staff who support students on-site during their clinical training. What are the challenges your organization faces in placing students? How could schools and sites best collaborate to maximize the training pipeline? What policies or procedures are most effective in supporting student learning? How are preceptors recruited and prepared? Provide an interview for the work group or engage in monthly calls to ensure your perspective is included.

Provide site coordination input: Contact [randrae@wcmew.org](mailto:randrae@wcmew.org).

### WORKFORCE IN THE NEWS

**Report Projects Shortage of Primary Care Physicians in Wisconsin by 2035** and **Wisconsin Hospitals deal with lack of primary care physicians** WCMEW *In the News* – WPR and WEAU

**Grant to address healthcare worker shortage** Sun Prairie Star

**Sensenbrenner Introduces Bill to Alleviate Doctor Shortage in Underserved Communities** Office of Congressman Sensenbrenner

**A new Teach for America-style program takes on health workforce shortages** FierceHealthcare

**Who are Community Health Workers, How Do They Treat Patients?** Patient EngagementHIT

**Preparing Primary Care Residents for Geriatric Patients** AAFP

**Telehealth: Healthcare's biggest opportunity and biggest challenge** Becker's Hospital Review

**Job satisfaction at this health system is 92%. Find out why.** AMA Wire

**How Doctor Shortages Impact Med School Admissions** U.S. News

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Questions about content, or have a resource to share? Email [randrae@wcmew.org](mailto:randrae@wcmew.org).