

# WCMEW

Wisconsin Council on Medical Education and Workforce

## March 2021 Newsletter

### WCMEW Task Force Meeting

The WCMEW Task Force on Care Delivery met on March 16.

George Quinn reported on preliminary results of the 2021 healthcare workforce project. Highlights included:

- Projections of population and demographic changes over the next 15 years, with an overall 8% increase in population, but significant variances from that average (see chart below).

	Male			Female		
Age Group	2020	2035	% Change	2020	2035	% Change
0-19	772,770	806,085	4%	735,770	769,320	5%
20-44	950,905	978,740	3%	915,060	930,970	2%
45-64	783,095	752,460	-4%	783,550	730,060	-7%
65-74	304,185	348,010	14%	320,845	365,835	14%
75+	180,845	347,245	92%	258,055	447,545	73%
	2,993,820	3,234,575	8%	3,015,300	3,245,765	8%

The over 65 population utilizes healthcare at a rate 3 to 4 times greater than the remaining population, so the projected significant increase in their population would have a disproportionate impact on demand.

- Combined with current utilization patterns for the above demographics – and projecting into the year 2035 – increases in demand include:
  - Ambulatory care – 14%
  - Home health – 30%
  - Hospital – 19%
  - Long-term care – 102%
- There is great variation in where professions practice, so there will be differences in the projected demand for their services. LPNs, for example, have a high percentage of their discipline practicing in long-term care, where the greatest increase in demand is forecasted. Projections for each profession are shown below:
  - RNs – 24%
  - LPNs – 52%
  - Physician Assistants – 17%
  - Pharmacists – 11%
  - APRNs – 12%
- The group discussed several ideas for augmenting the initial findings.

The Task Force also discussed ideas for surveying health systems on the nature and extent of collaborative care in Wisconsin. The information could serve to enhance any assumptions about how care delivery might change in the future. The Task Force stressed the need to highlight maldistribution across the state. Finally, the group discussed the factors that would be important in projecting workforce supply, including aspects of the “pipeline”, changes in work hours, and education program changes.

## WCMEW Data Collaborative

The March 22 meeting included the following items:

- Workforce Gaming Proposal (Jo Preston, RWHC): Acme Nerd Games has contacted RWHC to discuss creating a video game that proactively engages students in rural Wisconsin health care careers. This builds on work they have done for UW Health. More information can be found [here](#). The group felt this approach appeared to have some potential and will evaluate it further.
- Tim Size obtained a pre-publication copy of the recent study “*Trends in Medical School Application and Matriculation Rates Across the United States from 2001 to 2015: Implications for Health Disparities*”. This study describes trends in MD-granting medical school applications and matriculation rates and explores the relationship between county median family income, proximity to a medical school, and medical school application and matriculation rates.

Data were obtained from the Association of American Medical Colleges, including county of legal residence for each applicant and matriculant to MD-granting medical schools in the United States from 2001 through 2015. The application and matriculation rates in each county were calculated using the number of applicants and matriculants per 100,000 residents. Counties were classified into 4 groups according to the county median family income (high-income, middle-income, middle-low-income, low-income).

During the period between 2001 and 2015, both application rate (per 100,000 residents) and matriculation rate increased by 21% and 8%, respectively. However, the ratio between high-income and low-income county applicants increased 47%. The disparities between low-income counties and high-income counties increased over that period.

The study concluded that: *“The application and matriculation rates to MD-granting medical schools increased steadily from 2001 to 2015. Yet, applicants and matriculants disproportionately came from high-income counties. The differences in the application and matriculation rates between low-income and high-income counties grew during this period. Exploring these differences can lead to better understanding of the factors that drive geographic differences in physician access and the associated health disparities across the United States.”*

Discussion followed concerning the need to understand why the disparities are increasing, whether similar patterns are taking place in other professions, and ways to gather more information on the issue.

## Primary Care in the United States – A Chartbook of Facts and Statistics

Larry Pfeifer, Executive Director, Wisconsin Academy of Family Physicians, shared a recent publication from the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. Highlights include:

- An overview of providers delivering primary care
- Characteristics of patients visiting primary care practices
- The medical conditions addressed by primary care physicians
- Total expenditures for primary care
- The importance of preventive care in primary care visits

For the complete report, [click here](#).

## WORKFORCE IN THE NEWS

[WHA cites COVID-19 as driving force behind state healthcare difficulties](#) – WKOW 27 News, Madison

This year's annual report from the Wisconsin Hospital Association has been released, and addresses the most pervading vacancies in some healthcare positions and the biggest strains on the 2021 workforce.

Find this newsletter online at: [www.wcmew.org/newsletters](http://www.wcmew.org/newsletters)

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