

# WCMEW

Wisconsin Council on Medical Education and Workforce

## February 2022 Newsletter

### WCMEW COUNCIL MEETS

The WCMEW Council met on February 15 to plan for 2022 activities. The two main discussion items included:

- *Council Meeting Formats and Priorities* – this year the Council will be examining ways to strengthen the workforce pipeline. Members identified several focus areas:
  - Insufficient resources devoted to education and training.
  - Lack of a comprehensive view of pipeline - including high school, college, professional schools, and clinical training.
  - Lack of sufficient coordination between all participants in the process.
- *2022 Summit Planning* – Council members also began planning for the 2022 Workforce Summit, which is tentatively scheduled for late September or early October.
  - The theme of the Summit will be how communities can join together on workforce development.
  - Specific topics might include: onboarding new hires; rural-specific workforce challenges; lessons from the pandemic; best practices in telehealth; and current models of team-based care

When the date, location, and agenda are finalized, a “Save the Date” flyer and a call for presentations will be circulated.

Meeting materials can be found [here](#).

### WCMEW PRESENTATION TO HRSA

George Quinn, Executive Director, was invited by the U. S. Health Resources and Services Administration (HRSA) to report on Wisconsin initiatives regarding education, recruitment, and retention of healthcare professionals in rural and underserved areas. The Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) seeks input from stakeholders like WCMEW to inform members about workforce challenges and potential solutions. The Committee incorporates this input into their annual reports to the Secretary of Health and Human Services and Congress.

Quinn’s report included the following Wisconsin initiatives:



- *In 2006 the University of Wisconsin School of Medicine and Public Health (SMPH) created two programs – one focusing on urban areas, called Training in Urban Medicine and Public Health (TRIUMPH), and the other named Wisconsin Academy for Rural Medicine (WARM). Both programs target potential students showing a desire and propensity for practicing in underserved areas. Since 2008, TRIUMPH has graduated 208 students, with 99% selecting residencies in urban areas. The WARM program admits 26 students a year; 91% are practicing in Wisconsin.*
- *In 2015 the legislature enacted a grant program, administered by the Wisconsin Department of Health Services, that provides start-up funds to hospitals that are either starting or expanding graduate medical education programs in underserved areas. Currently, 37 programs are graduating over 100 physicians per year; over 50% are practicing in Wisconsin.*
- *In 2016 the Medical College of Wisconsin established two new community-based medical school campuses, one in Wausau and one in Green Bay, each of which has a capacity to teach 25 students. In the MCW-Central Wisconsin's inaugural class, 11 came from central Wisconsin.*
- *In 2017 the legislature enacted a grant program providing funds to health systems that initiate new training programs for advanced practice providers (APCs). Thus far, 21 programs have been started. Retention information is not yet available.*
- *For decades, the Wisconsin Area Health Education Council has had ongoing programs, including:*
  - *Since the mid 1990s, the Wisconsin Express program. This program gives undergraduate and graduate health professions students a unique opportunity to become immersed in Wisconsin's diverse communities and cultures;*
  - *Community Health Internship Program, which enables college students who have an interest in community health, public health and population health to work full time with local health departments, tribal health centers, community health centers and community service organizations.*

The meeting was held on January 21. The full presentation can be found [here](#).

## **WCRGME ARTICLE ON CMS GME RULE CHANGES**

### **GME Expansion and the Consolidated Appropriations Act: What Wisconsin Hospitals Need to Know**

*Lori Rodefeld, MS, Director, Wisconsin Collaborative for Rural GME*

The Consolidated Appropriations Act (CAA) includes key provisions affecting expansion of Medicare direct GME and IME payments to teaching hospitals. These include new Medicare-funded GME positions, adjustments for hospitals participating in rural track programs (RTPs) and giving hospitals with low FTE caps or PRAs a one-time opportunity to reset those for future GME growth. The new rules are effective February 25, 2022, but due to the complex nature of the legislation, there are other key dates hospitals should monitor as they could potentially expand

or grow GME.

Following is the link to the full article: <https://www.wcrgme.org/wcrgme-blog/gme-expansion-and-the-consolidated-appropriations-act-what-wisconsin-hospitals-need-to-know>

### 30<sup>TH</sup> ANNUAL \$2,500 RURAL HEALTH PRIZE

The Hermes Monato, Jr. Prize of \$2,500 is awarded annually for the best rural health paper. It is open to all students of the University of Wisconsin (any campus) as well as recent graduates (12 months before below deadline). Students are encouraged to write on a rural health topic for a regular class (or independently) and then submit a copy to the Rural Wisconsin Health Cooperative as an entry before the June 1st deadline. Previous award winners and topics as well as judging criteria and submission information are available at <http://www.rwhc.com/Awards/Annual-Monato-Essay>

### GMEI MEETING

The GME Initiative (GMEI), a nationwide collaborative of GME stakeholders, held a virtual meeting on February 3. In addition to general updates on developments in the graduate medical education field, the group heard from Dr. Lauren Hughes, State Policy Director, Farley Center, University of Colorado. Dr. Hughes provided an overview of a report from the National Academy of Science, Engineering and Medicine: *“Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care”*. The purpose of the report was to provide a framework for a vision of the future of primary care together with an implementation plan. The Committee on Implementing High-Quality Primary Care defines it as follows:

***High-quality primary care is the provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams who are accountable for addressing the majority of an individual’s health and wellness needs across settings and through sustained relationships with patients, families, and communities.***

The plan’s five major objectives include:

1. Pay for primary care teams to care for people, not doctors to deliver services.
2. Ensure that high-quality primary care is available to every individual and family in every community.
3. Train primary care teams where people live and work.
4. Design information technology that serves the patient, family, and interprofessional care team.
5. Ensure that high-quality primary care is implemented in the United States.

The Committee’s implementation plan calls for accountability and public/private partnerships. A full copy of the plan can be found [here](#).

## WORKFORCE IN THE NEWS

### [Bounties and Bonuses Leave Small Hospitals Behind in Staffing Wars](#) – Kaiser Family Foundation

A recent lawsuit filed by one Wisconsin health system that [temporarily prevented](#) seven workers from starting new jobs at a different health network raised eyebrows, including those of Brock Slabach, chief operations officer of the [National Rural Health Association](#).

### [RRPD Webinar: Impact of CMS Rule Changes on Rural GME, Part II](#) – RuralGME.org

This webinar will be held on March 8, 2022 11:00 AM CST