

OPEN MEETING MINUTES
Healthcare Workforce Task Force

Date: 4/4/2024

Time Started: 1:06pm

Time Ended: 4:00pm

Location: Hill Farms State Office, Madison, WI

Presiding Officer: Lieutenant Governor Sara Rodriguez

Attending: Lt. Governor Sara Rodriguez, Secretary Pechacek, Secretary Johnson, Rick Abrams, Tom Boelter, Kelly Buchholtz, Danielle Cook, Sharon Cox, Gina Dennik-Champion, Dr. Amy Domeyer-Klenske, Laura Gould, Dr. Dakota Kaiser, Dr. Elsbeth Kalenderian, Dr. Thomas Kernozek, Joyce Mallory, Dr. Wendy Molaska, Dr. John Raymond Sr., Heather Schimmers, Robyn Woolever, Janet Zander

Absent: Sondra Norder, Shawn Lerch, Eric Humphrey, Barbara Nichols, Stacey Zellmer

MINUTES

- Roll Call
- Welcome by Lieutenant Governor Rodriguez
 - Approved minutes – Motion by Rick Abrams
 - 2nd by Tom Boelter
 - Topics proposed/presented for discussion
 - Medicaid Expansion
 - Easier path to be paid caregivers
 - Oral healthcare
 - Last budget provided money for new trainings
 - Transition to post-acute care
 - Investment in home and community-based care
- Dr. Hannah Maxey
 - **Review Agenda**
 - **Executive Order:** Action Plan
 - Presented to members in initial meeting
 - Review Scope within this:
 - Present analysis of current and future workforce challenges
 - Identify strategies to improve patient care and alleviate the burden
 - Explore educational and training pathways
 - Recommend solutions
 - **Survey Results**
 - 100% of members responded to survey

- Survey issued 3/19, closed 3/27
- Which approach is best? (lower number = higher ranking)
 - By mix of the above
 - Education and Training (5.0)
 - By strategy
 - Recruitment and Retention (1.7)
 - Education and Training (1.9)
 - Regulatory policy (2.3)
 - By sector
 - Behavioral Health (2.0)
 - Long Term Care (2.6)
 - Primary Care (2.8)
 - EMS (4.0)
 - Oral Health (4.3)
 - By profession
 - Behavioral health (2.6 ranking)
 - Nursing (2.6 ranking)
 - Direct Care (3.5)
 - Allied Health (4.3)
 - Physicians (4.6)
 - Oral health (5.5)
 - EMS (5.6)
- Overall Outcomes of survey
 - Recommendations are needed across all Workforce Strategy Areas
 - Behavioral health, Nursing, Direct Care and Allied Health were the top ranked professions
 - Behavioral health, Long-Term Care and Primary Care were the top ranked sectors
- National Context (Problems and other state solutions, regarding survey)
 - Behavioral Health
 - Includes: all professions providing behavioral health services
 - Common Issues:
 - Maldistributions
 - Private vs. Public sector services (vs. other sectors)
 - Contributes to maldistribution (put themselves in higher populations)
 - Reimbursement
 - Lower in public sector vs. private
 - Behavioral health professions then tend to work in private markets
 - High debt-to-income ratios
 - Touched on in first meeting (3/13)

- Regulatory flexibilities for faculty employment affiliations (also in clinical positions), educational level of faculty, high performing program discretion on program expansion
- Direct Care
 - Includes: occupations providing care and support services in long-term settings, including facility and home and community-based settings
 - Common issues:
 - Widespread shortages
 - High turnover
 - Low wage
 - Nationwide issue
 - High uninsured/lack of benefits
 - LG address this in Welcome.
 - Ex. Lack of benefits, time off
 - Lack of career pathways
 - Career pathways IN direct care (retain them in healthcare industry overall)
 - Lack of perceived value/professional recognition
 - Common Solutions:
 - Aligning training requirements with federal minimum
 - Stipends for new trainees/workers
 - Wage-pass throughs and/or minimum wage for sector (in conjunction with benefits cliff awareness)
 - Career pathway buildout
 - In direct care as well as in healthcare sector overall
- Allied Health:
 - Includes: Individuals who have received certificate or degree in a healthcare field
 - Examples: Medical assistants, surgical techs, Dental assisting, Pharmacy techs, dental hygiene, Radiology Tech, etc.
 - Common issues:
 - Lack of career pathways
 - Shortages among certain occupation types
 - Training costs may make career pursuit inaccessible
 - Added: Lack of knowledge of opportunities
 - Common solutions:
 - Paid/on the job training (tuition support, apprenticeships) for jobseekers
 - Employer support (stipends for skilling up)
- All/Other

- Includes: Physicians, Primary Care, Oral Health, Emergency Medical Services, and other health professions
 - All other professions that we feel we need a solution for – defined by the task force
 - Common issues:
 - Competition
 - For talent
 - Entry level and high skills
 - From other sectors/professions
 - High debt load or low wage for high skills
 - Low reimbursement
 - Lack of representation
 - Across professions except generally among direct care professions
 - Common Solutions:
 - Loan repayment or scholarships
 - Reimbursement increase or additional services coverage
 - Early pipeline strategies
 - Engage students early on in school (K-12)
- Partner Presentations
 - David Polk, Director of Bureau of Apprenticeship Standards, DWD
 - What is apprenticeship?
 - Earn-while-you-learn solution for students and job seekers
 - Opportunity for employers to build their workforce their way
 - Wisconsin – First in the nation in Apprenticeship
 - 1st = Registered Apprenticeship Program – 1911
 - 1st – Youth Apprenticeship program – 1991
 - Certified pre-apprenticeship – 2017
 - Youth Apprenticeship Overview:
 - Statewide work-based learning program established in 1991
 - 1- or 2-year experiences
 - High school junior and senior years
 - Combines related instruction with mentored employment
 - Students work minimum of 450 hours per calendar year
 - Available to youth in participating school districts – 80% of districts offer YA
 - Current Healthcare Apprenticeships
 - Interventional Cardiovascular Technologist
 - Caregiver
 - Direct Support Professional
 - Medical and clinical laboratory technologist

- Pharmacy technician
- Laboratory animal caretaker technician
- Medical assistant
- Registered Nurse
- Newest Healthcare Apprenticeships
 - Respiratory Therapist – introducing later this year
 - Ophthalmic Technician
 - Sterilization Technician
- Questions by Members:
 - How is it being marketed? – Wendy Molaska
 - Market through employers
 - DWD Website
 - Media releases
 - Representatives do outreach to specific businesses
 - Are the youth apprenticeships being marketed in schools? – Wendy Molaska
 - Yes, through specific districts
 - They pilot it out for their specific area with guidance
 - Secretary Pechacek: Adding to answer first question
 - Direct marketing
 - TV ads, radio ads, bus ads
 - More employers in every industry are looking at this as a necessary tool with worker quantity challenges that every industry is facing
 - Competition in Healthcare with every industry
 - Wisconsin leads the way in apprenticeship
 - Possibly the only state that the instructional component to be paid as well as the training – critical for the debt-to-income ratios
 - Apprenticeships are not having an anchor of debt (learning while earning)
 - Increases access to marginalized populations
 - Increases representation
 - Wendy Molaska: Marketing to immigrant populations
 - David Polk: Largest group that is growing in the apprenticeship program is the Hispanic population

- Rick Abrams: Idea – Seminars/presentations for organizations
 - David: Presentations and seminars are being done to inform them as well as growing the program (recruitment, ideas for apprenticeships, pre-apprenticeship (getting basic skills before hire))
- Dr. Bridgett Willey, Director Allied Health Education and Career Pathways, UW Health
 - Unemployment rates at a historic low:
 - National unemployment: 3.9%
 - Wisconsin: 3.0%
 - Dane County: 2.2%
 - Employment in Education and healthcare in Dane County
 - Highest number of jobs at 27.9% in 2022
 - 93.4k of 334.8k total jobs in Dane County
 - The state of WI predicts an RN shortage of up to 20,000 by 2040
 - Landscape External 2022-2032 – National (Bureau Labor of Statistics)
 - Medical assistant growth over next 10 years 16% higher
 - National higher education trends
 - Undergraduate college enrollment dropped 9.4% between 2019-2023
 - Multi-factorial
 - Cost
 - Decline in population
 - Registered Apprenticeship at UW Health
 - Hired as full-time employees of UW Health from Day 1
 - Training costs, wages and benefits supported by UWH
 - Employee signs retention agreement
 - Employees are eligible for any premium pay upon successful completion and credential/licensing
 - Requires contract between DWD, UW Health and the employee
 - Increases employee diversity within workgroups /departments
 - Medical assistants grew from 9% ethnic / racial diversity in 2018 to 36% in 2024
 - Youth Apprenticeship
 - Partners: MMSD, DCSC, WDB, DPI, DWD, Community based organizations

- State endorsed skills checklists (DWD, DPI)
- Allied Health Education and Career Pathways (AHECP)
 - Apprenticeship
 - Youth Apprenticeship
 - Non-apprenticeship
- Key partnerships
 - DWD
 - Madison College
 - UW Health
- Business Case
 - Funding sources
 - UW Health Operations
 - Grant Funding (Fast Forward, WAGE\$, WIOA, US Dept. of Labor)
 - Philanthropic
- Questions by Members:
 - Laura Gould: Wages compared to CNA?
 - Answer: depends on where they are working
 - Wage progression chart
 - Raises every year
- Jessica Smith, Director of Center for Inclusive Transition, Education and Employment, UW Whitewater
 - Accelerating Student to Employee
 - Technical degrees/associates
 - New pathway for BAAS to MSW
 - Clinical Internship in Master's Degree
 - Bachelor's Degree
 - QTT- 3000 hours of Clinical supervision
 - New pathway:
 - Takes any technical degree program and leads it to a Bachelor of Arts in Applied Services
 - Allows them to go directly to master's without retaking classes, time, etc.
 - Accelerates the pathway
 - Expanding Agency Locations
 - Priority needs (POC, veterans, elders, etc.)
 - Opportunities and lessons learned
 - QTT Program model works!
 - Opportunity costs need to be considered. Supervision is unbillable for supervisors and QTTs
 - Modest investment = large impact
 - Address pathways to graduate degree completion

- Financial support to students and interns
 - Dual credit options for high school students (similar to AP psych)
 - Address licensure requirements and process
 - National exam is required for social workers (recent reports around the struggles of those that have certain disabilities (Hard of hearing/primarily ASL))
 - Talent loss to bordering states
 - Jill Baures, Psy.D. Licensed Psychologist and Clinical Training Director, Pauquette Center for Psychological Services
 - Barriers observed at Paquette Center
 - Demand for mental health appears higher pre-covid
 - Now have a waitlist that fluctuates up to 400 clients
 - Paying staff for non-revenue generating services
 - The credentialing process through insurance companies
 - Each payer requires different things
 - Some do not allow clinicians with training licenses to see their clients or require certain degrees
 - Makes it difficult to serve clients with these insurances as we have a small pool of clinicians that can see them
 - Recruitment
 - Particularly to rural clinics
 - Physical access to care
 - Telehealth has helped with this problem but some people do not have access to internet
 - Often need to problem solve with clients, particularly those in rural areas on how to access services they provide
 - Insurance reimbursement not matching inflation
 - Impacts ability to pay clinicians and provide regular raises
 - Increased requirements for justification of services
 - QTT Expanding Agency grant
 - Received this grant for 3 years
 - Significantly helped us expand their training program and has made it easier to pay supervisors and provide quality training
 - Training provided by the grant has helped supervisors take a more evidence-based approach in supervision and provide quality training
- **Took break at 2:27pm**
- **Meeting resumed at 2:32pm**

- Breakout Discussion Groups:
 - Goal: Develop initial list of potential strategies within the Workforce Strategy Areas (Education and Training, Recruitment and Retention, Regulatory Policy)
 - Scope
 - State Level:
 - Focus on public and private partnerships
 - Would exclude any local/regional or otherwise individualized strategies
 - Could include scalable solutions from organizations/localities
- Full Group Report out:
 - **Group Facilitator - Justin Koestler**
 - Education and Training:
 - Dual model (high school students exiting with degree)
 - Encourage veterans
 - Better onboarding/residency
 - Recruitment and Retention:
 - Focus on workplace violence
 - Paid family leave
 - Age limitations on entry level positions (some orgs/jobs)
 - **Group Facilitator - Danielle Williams**
 - Education and Training:
 - Competency based assessments
 - Preceptors (difficult for organizations to continue to ask staff to precept but no reimbursement)
 - Recruitment and Retention
 - Clinicians (opportunity for tax breaks, especially for rural communities)
 - Alternative care models (virtual care)
 - Compacts (keep the focus on this, for state lines to cross. Doing virtual in one state, in person in another)
 - Regulatory Policy
 - Competency based assessments
 - Safety net hospitals – right reimbursement models
 - **Group Facilitator - Angela Miller**
 - Education and Training
 - More efficient educational programs
 - Work friendly environment (transportation, flexible schedules, livable minimum wage (CNAs))
 - **Group Facilitator - Heather Thompson**
 - Education and Training
 - Inter-professional care models

- Different residency programs (radiology, oral paths)
 - License shares for other countries (international flexibility)
 - Hybrid training programs (medical/dental assistants)
 - State income tax for clinical preceptors (creative financial models)
- Recruitment and Retention
 - HCBS Waiver – family caregivers assisted
 - Advanced degrees
 - Medical faculty – can they then work towards another degree
 - Robust mental health programs (students and faculty)
 - Oral surgery programs (streamline process to other jobs)
- Regulatory Policy
 - Research what policies are standing in the way
- **Group Facilitator - Karen Odegaard**
 - Education and Training:
 - QTT Grant Program (specifically behavioral health)
 - Loan Repayment/scholarships
 - Peer mentoring programs (marketing to younger students)
 - ESL (immigrants who have the skills but not English speakers)
 - Increasing training programs
 - More residency spots (especially in rural)
 - Recruitment and Retention
 - Parody for promotion within systems
 - More preceptors
 - Tuition payback (loan repayment, loan forgiveness)
 - Supply benefits (childcare, PTO, combining daycare with skilled nursing facility)
 - Support for industrial engineering principles
 - Satisfaction, master
 - Welcome Wagon/Tinder for rural areas to connect with other rural based physicians (relationship building)
 - Make the state more desirable
 - Regulatory Policy
 - Explore scope of practice (behavioral health providers)
 - Clarifying licensing through telehealth (connects to broadband)
 - Foreign trained graduates (faster process, streamline)
 - DACA issues with licensing and tests (skills and competency testing)
- Next steps: Dr. Hannah Maxey
 - A full analysis of the breakout sessions will be provided at the May meeting.
 - Summary of today's discussion shared with members
 - Additional resources/information

- In May, come prepared to identify additional strategies and opportunities
- In June, we will begin to prioritize across all the strategies and opportunities
- We will review a draft in July

Next Meeting: May 9th (UW La Crosse)

Public Comment: None

Adjournment: Lt. Governor Sara Rodriguez