

OPEN MEETING MINUTES

Governor's Task Force on the Healthcare Workforce

Date: 5/9/2024

Time Started: 1:02pm

Time Ended: 3:57pm

Location: UW-La Crosse, Student Union, La Crosse, WI

Presiding Officer: Lieutenant Governor Sara Rodriguez

Attending: Lt. Governor Sara Rodriguez, Secretary Amy Pechacek, Secretary Kirsten Johnson, Thomas Kernozeck, Rick Abrams, Tom Boelter, Danielle Cook, Sharon Cox, Dylan Gould, Eric Humphrey, Shawn Lerch, Wendy Molaska, Sondra Norder, Heather Schimmers Janet Zander, John Raymond Sr., Kelly Buchholtz, Joyce Mallory, Stacey Zellmer, Amy Domeyer-Klenske

Absent: Robyn Woolever, Gina Dennik-Champion, Dakota Kaiser, Elsbeth Kalenderian, Barbara Nichols

MINUTES

- Welcome by Interim Chancellor of UW La-Crosse Betsy Morgan
- Welcome by Lieutenant Governor Sara Rodriguez
 - Roll Call
 - Approval of Minutes
 - Motion: Abrams and Molaska
- Dr. Hannah Maxey
 - Panel discussion
 - Dr. Hannah Maxey facilitating
 - Panel Members: Dr. Tom Kernozeck, Heather Schimmers, Ann Zenk
 - First Question:
 - Zenk: WHA creates annual reports from hospital reports and releases to publics
 - WHA Concern: Silver tsunami
 - 2022: Nursing shortage hit Wisconsin hard
 - Nurses make over ½ of the hospital workforce
 - Kernozeck
 - La-Crosse relies on partnerships
 - Specifically in allied health areas
 - Local partnerships with Gundersen and Mayo Clinic, La Crosse School District

- Students go on clinical rotations and other educational opportunities
 - La Cross School District opportunities in the high schools:
 - Come to the university to learn about healthcare opportunities in the region
 - Tour different medical facilities
 - Job shadowing
- 8 programs in allied health
 - Undergraduate and Graduate opportunities
 - Doctoral in Physical Therapy
 - Info:
 - Vary in length
 - Maintain over 860 clinical rotations per year
 - Students are mostly from rural areas (ex. from towns of 50,000 or less)
 - 30% come from 10,000 or less
- Schimmers
 - After COVID, everything had to be reevaluated
 - Gundersen Health Priority Index:
 - Gave each position a score
 - Ranked
 - # of employees
 - Vacancy rates
 - Etc.
 - EX. Acute care nursing
 - 61 openings
 - When this first started, 295 openings
 - It takes 150 days for a nurse to start
 - 60% of offers they make, are actually taken
 - New Changes
 - Nurse interns
 - 80% Retention rate
 - Nurse Learners
 - Bellin College
 - 22 hires from 58 nurses in the class
 - CNAs
 - Medical Assistants
 - On the job training, start making money as soon as they start working
 - Cut vacancy rates for MA's by 60%

- **Barriers to Recruiting Students**

- Kernozek:

- Faculty recruitment and retention (shortages)

- Need higher level degrees
 - Salary differences
 - Lack of clinical sites/training sites
 - Lots of opportunities for rotations but want the best faculty to train (hard to find enough)
 - Lack of campus Space
 - Running out of space
 - Lecture halls aren't large enough
 - Lack of lab facilities

- Schimmers:

- Areas of greatest need:

- High turnover within the first 1-2 years of joining healthcare profession
 - Tells us that we are not preparing them enough for the hardships
 - Areas of turnover:
 - Central service technicians
 - CNA's
 - Behavioral Health
 - Psychiatry (20% vacancy)
 - Nurses (0%)
 - Psychologists (12%)
 - Direct Care and Long Term Care
 - Long term care is the biggest struggle
 - Continuous RN openings

- Zenk:

- Silver Tsunami: Aging of the baby boomer population

- This is creating stress on the industry and really all industries
 - Surges of retirements
 - Accommodate more students and preceptorships
 - Challenge: external and internal competition
 - Better hours within the hospital
 - Places that offer better hours, better pay and less work
 - Preceptors: Healthcare professionals engaged in practice that are also serving as clinical training/supervisors
 - Critical component of clinical training partnerships

- **Solutions to these problems**

- Schimmers

- Medicaid reimbursement expansion

- Faculty Requirements
 - Restrictions on requirements for faculty
 - You have to have a certain level of degree/education
 - Dr. Maxey: A lot of other states are doing this/looking into this
 - Continuing Fellowship programs for medical staff
 - If you can educate them there, they will stay
 - Uniform licensing process
 - Virtual Care
 - Connects with licensing requirements
 - Across states
 - Kernozek
 - Areas for solution:
 - Tax incentives for preceptors/public vs. private partnerships with education mission
 - Faculty
 - Loan repayment programs for education
 - Sweet spot for age of educators
 - Salary
 - Find additional courses for college credit for high school students
 - Zenk
 - DHS: Since the matching grants have been in place for over a decade, they have spurred a 65 million investment in new and expanded clinical training programs
 - Technology to spare the workforce
 - Regulations in the way?
 - Unburden the workforce
 - QUESTIONS/COMMENTS FROM MEMBERS:
 - Dylan Gould:
 - Product of training programs through partnership
 - High turnover in 1-2 years
 - More than just training issues
- RESPONSE BY ZENK:
- Wisconsin led the states on advanced penalties of violence against healthcare workers
 - First state in the nation to include threats of violence
 - RESPONSE BY SCHIMMERS:
 - Trial of cameras/audio in patient rooms

- Wendy Molaska:
 - FEC rules effect on recruitment and retention
 - RESPONSE:
 - Zenk:
 - Takes organizations to look at intended and unintended impact
 - Amy Domeyer-Klenske:
 - Reimbursement
 - NICU Units – don't get money back for that
 - RESPONSE:
 - Reimbursement – state laws/ruling
 - Expense/investment required to maintain a big enough staff to have work life balance with smaller number of patients
 - Wisconsin is a rural state – we have to support units with smaller volume of patients
- Dr. Hannah Maxey – Review Themes from April 4th Breakouts
 - Process/Approach
 - Individual documentation of each idea, organized by strategy area and sector
 - Determination of primary and secondary themes
 - Determination of idea level (State, private, state/private)
 - Top Themes
 - Education, Incentives, Funding and Apprenticeships
 - Where do we go from here?
 - Leverage Existing Momentum: Education and Training
 - Regional funding to support training, wages and wrap around (direct care, allied health and nursing)
 - Behavioral health provider funding to support supervision costs and wages (behavioral health counselors)
 - Regional coordination support for expansion of youth apprenticeships (direct, allied health, nursing)
 - Funding to employers to cover trainings and bonuses (CNAs, direct care)
 - Loan forgiveness for nursing faculty (nursing)
 - Leverage Existing Momentum: Recruitment and Retention
 - Flexible funds to employers to support recruitment and retention (direct care, allied health, nursing)
 - Flexible funding to support regional planning and strategic workforce development (all workforces)
 - Funding for marketplace navigators to connect workers to benefit opportunities (direct care, allied health)

- State health facility staffing support to address vacancy (direct care, nursing, behavioral health)
- Medicaid:
 - Expansion to increase federal match to support strategic initiatives, including health workforce (estimates suggest additional \$1.6 billion)
 - Rate increases (direct care, behavioral health)
- Leverage Existing momentum: Regulatory Policy
 - Staffing support to streamline and expedite regulatory processes
- Transitioning to Initiate Development of Task Force Recommendations
 - Values:
 - Leveraging current/previous momentum
 - Maximizing Task Force expertise
 - Scope:
 - Focus on state/public solutions, acknowledging the important role of private sector in implementation

BREAK AT 2:33PM

Began again at 2:47

- State Policy Levers – Dr. Hannah
 - Education Policy Lever
 - Faculty Loan Repayment Programming
 - Preceptor Tax Credits
 - Statutory definitions of faculty
 - Statutory guidance for licensure qualifying programs
 - Expedited programs (ex. 4+1 or bachelors in 3)
 - Appropriation
 - Education Expansion
 - Strategic expansion of specific programs
 - Career and technical education, community colleges, through residency and graduate funding
 - Early pipeline programming
 - Recruitment and Retention Policy Levers
 - Loan repayment
 - Scholarships
 - States could create state scholarship programs
 - Tax credits
 - Ex. Target professions, practicing in certain communities, often an incentive for rural
 - Prioritized health sector professions for free/reduced training costs (through federal workforce dollars or state appropriations)
 - Appropriation

- Bridge program
 - Education expansion
 - Wraparound services
 - Apprenticeship development (state or federal)
 - Marketing
 - Marketing campaigns to share information about sectors like healthcare for the opportunities that exist for employment
 - Medicaid (increasing coverage, services/rates, wages, etc.)
- Regulatory Policy Levers
 - Interstate Mobility
 - Scope of practice
 - Emerging occupations/licenses
 - Sunrise review
 - Medicaid appropriations (additional population coverage, service lines, staff/system enhancements)
 - Incentivizing provider Medicaid participation through workforce development incentives
- Task Force Brainstorming:
 - What opportunities exist as state levers to support?
 - Workforce wellness
 - Career pathways
 - Emerging workforce roles
 - Are there any additional opportunities or ideas that have not yet been shared?
 - Are there any areas where there is a need for more research prior to next month's prioritization conversations?
- Discussion Groups
 - Group 1: Rick Abrams
 - Support and incorporate resiliency and emotional intelligence training into professional skills training
 - Support wrap around services
 - Support and encourage utilization of employee assistance programs for trainees and employees – on paid time
 - Target funding in state based on “priority index” positions/need (geography/need)
 - Competency based licensure
 - Medicaid expansion
 - Group 2: Heather Schimmers
 - Fund and support entry-level workers
 - Adequate financing (Medicaid Expansion)
 - Invest in current program programs (apprenticeships, schools, WisCaregiver, innovation grants, loan forgiveness)

- Support Educators
- Group 3: Sondra Norder
 - Marketing campaign to promote health care careers
 - Need research to identify root causes and the costs associated with “ghosting” in the recruitment process
 - State solution to remove benefits cliff as barrier to career advancement
- Group 4: Dylan Gould
 - Continue/expand appropriations for apprenticeship and career pathways that including set standards for programs and includes evaluation and fidelity
 - Tiered eligibility benefits to support
 - Expand Medicaid and use increased federal match to support a livable wage for healthcare workforce
 - Marketing for vulnerable and diverse populations have access and information for programs
- Group 5: Amy Domeyer-Klenske
 - Decreasing barriers to enrollment – dual enrollment for high schoolers for technical degree (LPN, surgical tech) and incentivizing apprenticeship programs
 - Individual and institutional incentives to delaying retirement reskill clinicians to be educators
 - Medicaid expansion
 - Incentivizing childcare options
 - Tax incentives for individual preceptors, rural areas, Reimbursement for costs of precepting (tax incentives), technology grants
- Next Steps
 - Review and reference previously shared reading materials
 - June meeting will focus on review of previous ideas translated into initial recommendations for prioritization
 - Consideration:
 - Impact (on Wisconsinites)
 - Effectiveness
 - Efficiency
 - Equity
- Closing thank you by Lt. Governor Rodriguez
- Adjournment