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Workforce shortage mandates change... now

By Paul Wertsch, MD

The health care worker shortage. Whether you're already feeling its impact, or you haven't been affected yet, there's no doubt we are in for trouble.

Think about it. When was the last time you tried to run your medical office without a nurse or certified medical assistant? How could you do everything you normally do in your patient-physician encounter AND handle phone calls, retrieve charts, arrange for tests, and give injections? How about taking your own x-rays or ultrasounds? I don't even know how to turn on the machine! What will we do when there are not enough of the valuable, highly trained, health care workers who do a lot of the heavy lifting in order to allow us to care for our patients?

The shortage is real, and that's why I decided to devote my presidential year to bringing awareness to this issue, in the hope that awareness can lead to real change.

So how did we get here? There are many reasons, several of which are discussed elsewhere in this journal, but here is a brief overview.

First of all, we are not adequately replacing health care workers as

they retire or leave the health care field. Why? There have been fewer students in the training programs in recent years. The fact that health care institutions have been pushing efficiency and asking the workers to work harder and put in more hours has made the field less desirable. Physical demands of the job are causing workers to leave the

University of Wisconsin System (UW) is suffering from financial problems thanks to state budget woes, but UW programs are maintaining, and even trying to expand the number of health care worker graduates. However, that is not as easy as it seems. More students require additional faculty, and many faculty are getting older and nearing

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field earlier than they had planned. When they leave, the job becomes more difficult for the remaining workers because they now have to work more hours to help cover the losses.

Still, as the existing cohort of health care workers retires or moves on, health care careers have been gaining popularity. So much so that there is no room in the training programs to teach all of the interested students. The Wisconsin Technical Colleges are the workhorses in training health care workers. They all have long waiting lists to get into health care training programs and are having difficulty in expanding the number of slots available. At the same time, the

retirement age, and are not easy to replace.

As if having an inadequate number of health care workers and long waiting lists to get into the training programs were not enough to make you nervous, a look at Wisconsin's demographic changes causes further concern. The Baby Boomers are getting ready to retire. The 2000 census shows that in Wisconsin, the number of 65, 75, and 85 year olds is increasing 15 percent to 18 percent, but the children (i.e. future workers and taxpayers) are only increasing 3 percent. Projections for 2030 suggest the population of 65 year olds and older will increase 89 percent but 25 to 45 year olds will increase just 1 percent. Health care

Doctor Wertsch is the current president of the Wisconsin Medical Society. His presidential theme is health care workforce shortage. He previously served on the Governor's Health Care Workforce Shortage Task Force.

needs increase with advancing age, so the increasing number of the 85 and 95 year olds will generate health care needs that we will not be able to provide for unless we start preparing now.

The projected physicians shortage for Wisconsin is another problem that will effect our ability to provide care to our citizens. Until very recently it was felt that there would be a surplus of doctors in the country, but the Council on Graduate Medical Education has just taken a 180 degree turn and now projects a deficit of 150,000 physicians in the country by 2020. On top of this projected deficit, there is the perennial problem of maldistribution of physicians, with 25% of the population living in rural areas but only 15% of the physicians there.

Why the sudden turnaround in projections? Many factors are involved. The physician workforce is aging, especially in the primary care fields. There was a big bump in interest in Family Medicine 30 years ago when the specialty was in its infancy, but recently interest has fallen. Since medical school tuition has increased, the increasing debt that new medical students are beginning their careers with is an important factor. Starting out with a student debt of \$100,000 to \$200,000 makes a low-paying specialty look less desirable. Also, as the population ages, the demand increases for specialists with the skills to perform surgery to keep that cohort functioning at the level they expect. The Baby Boomers will not let cataracts, worn hips and knees, clogged coronary arteries, or failing

memory keep them from the active lives they are used to living.

Finally, since this rapidly increasing elderly population will depend on Medicare for their medical services, we must make every effort to maximize the Medicare dollars coming to Wisconsin. Currently, because of the geographic inequities in Medicare reimbursement, Wisconsin loses about \$1 billion per year. Remember that all of us pay the same Medicare tax, but the money is returned very differently (and unfairly). We must fight in Congress to correct this disparity in order to have the money to educate new health care workers, and pay for the increasing health care needs of our citizens. The Wisconsin Medical Society has been working hard in these areas, but we must continue our efforts to prepare for the future.



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