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Eye On Health

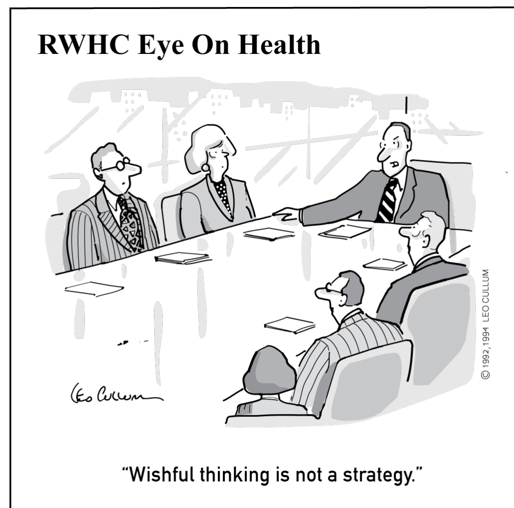
Review & Commentary on Health Policy Issues for a Rural Perspective - January 1, 2024

## Workforce Shortage Will Hit Us All

From "The US is suffering a healthcare worker shortage. Experts fear it will only get worse" by Alejandra O'Connell-Domenech, *The Hill*, a top US political website, read by more lawmakers than any other site:

"Jen Reinmuth-Birch decided to go to medical school two years ago, at age 50, in part because of the struggle her ailing parents faced getting care in a medically underserved part of Oregon. Due to the lack of primary care doctors in their area, Reinmuth-Birch told *The Hill* her parents have struggled to get treatment for their multiple chronic illnesses."

"**The United States is experiencing a healthcare worker shortage–and it's only expected to get worse over the next decade**, meaning people like Reinmuth-Birch's parents will more than likely continue to miss out on essential care."



"Wishful thinking is not a strategy."

"**As the aging population's need for health care grows, retirement and burnout are both driving swaths of healthcare workers out of the field, fueling a crisis that shows no signs of stopping**."

"The healthcare worker shortage spans a range of jobs. The Bureau of Labor Statistics projects that the country will face a shortage of 195,400 nurses by the year 2031, and that the number of openings for home health aides will increase 37 percent by 2028."

"The country is expected to suffer a shortage of up to 124,000 physicians in the next 12 years, according to a 2019 report from the Association of American Medical Colleges. Those numbers include a shortage of between 17,800 and 48,000 primary care physicians, an unprecedented deficit that could have a very significant impact on patients."

" '**When people don't have access to routine primary care and preventative services, they live sicker and die younger**,' said American Medical Association (AMA) President Jesse Ehrenfeld based at the Medical College of Wisconsin."

"Ehrenfeld added that **the primary care doctor shortage is hitting rural communities and communities of color especially hard**. 'These are things that are only going to get worse as we put more pressure on the physician workforce,' he said."

**Why is the country suffering this shortage**? "One reason is that demand for physicians is growing faster than supply can handle. In other words, the pool of people who need care is expanding more quickly than the ranks of doctors who can treat them."

"This is mainly because the country has an aging population and an aging healthcare workforce, according to Ehrenfeld. There are about 55.8 million people aged 65 and older in the United States, according to U.S. Census Bureau data, an age group at higher risk for a slew of health conditions."

"Collective Enoughness: Together we have all we need." - heard at a Wisconsin Partners session <**https://www.wisconsinpartners.org**>.

"Their numbers are growing and will continue to do so. In 2010, the Census Bureau found there were 40.3 million Americans 65 and older; by 2034, they estimate 77 million."

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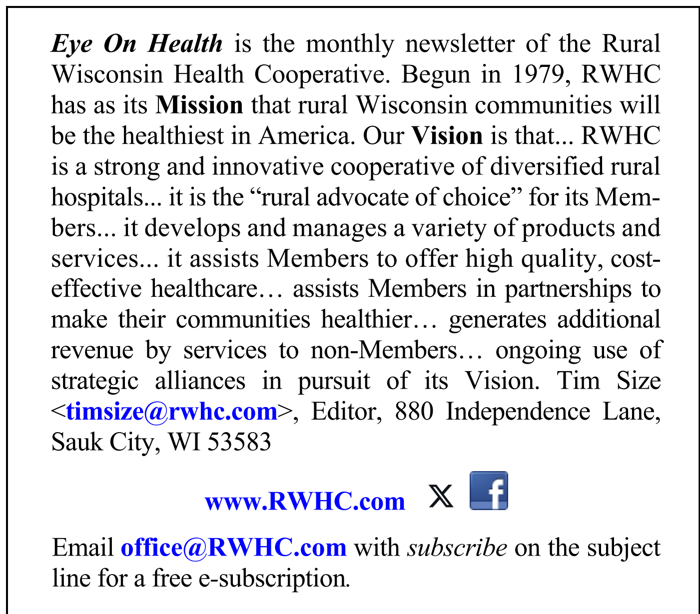
"The number of physicians in the country is also rising–by almost 20 percent over the past decade, according to AMA data. But like the general population, that workforce is also getting older."

"Currently, almost half of working physicians in the United States are 55 and older, according to the AMA. Thirty-five percent of the physician workforce will reach retirement age within the next five years."

**Healthcare workers are burned out**–"Already, the growing shortage of doctors is creating a backlog of work for those who are practicing, according to Rush University System for Health CEO Omar Lateef."

"And that backlog means that sick people are forced to wait longer to get medical help. Lateef said that this consequence of the physician shortage can be seen in emergency rooms across the country."

" 'You see empty beds and people that are very busy but there are just not enough people to meet the demand of sick people that we have in this country,' Lateef said. 'And that did not happen overnight.' "


***Eye On Health*** is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the "rural advocate of choice" for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare… assists Members in partnerships to make their communities healthier… generates additional revenue by services to non-Members… ongoing use of strategic alliances in pursuit of its Vision. Tim Size <**timsize@rwhc.com**>, Editor, 880 Independence Lane, Sauk City, WI 53583

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"The backlog of work is itself contributing to the shortage, as some healthcare workers are also choosing to leave the field due to burnout. This was both highlighted and exacerbated in recent years by the COVID-19 pandemic. One in five health care workers quit their job during the pandemic, according to a 2021 Morning Consult report."

"A 2022 study found that nearly 63 percent of physicians experienced symptoms of burnout by the end of 2021, representing a 19 percent increase from 2017."

"Physicians are burning out in part because of their demanding workloads. A 2022 Medscape report found that while they experienced burnout for a variety of reasons, one of the top three was 'too many hours at work.' "

"This was the case for Lisa, an emergency medicine physician working in Minnesota. Lisa practiced in Tennessee for five years before moving to the Midwest to be closer to family."

"Her time in Tennessee was exhausting and almost pushed her out of the medical field, she said. The hospital where she worked was run by a corporate management group with a leanly staffed emergency room. And when ERs are 'leanly' staffed, Lisa explained, that means non-stop work for the health care providers."

" 'It's a grind. You are working really hard. You have tons of very sick patients. It's cognitively very difficult work and you leave your shift completely spent,' she said. When Lisa moved to Minnesota, she landed in an emergency room that she said was more adequately staffed, or at least required less work from her."

" 'We actually have about the same amount of staffing, maybe a little bit less than we had in my old department, but we probably have less than half the patients in a day,' she said."

"And that lessened workload has made a huge difference in the quality of care that Lisa has been able to give, she said."

“ ‘**You have time to think about your patients, you have time to talk to them and explain what’s going on,’ she said. ‘It’s better for the patients and it’s better for the physicians**.’ ”

“Burnout stems from more than just staffing levels, however. The top reason for physician burnout is an increase in bureaucratic tasks like billing, approving health insurance coverage and overseeing medical personnel, according to the Medscape report.”

“On average, physicians are spending 15.5 hours a week on administrative tasks alone, with some specialists clocking almost 20 hours a week on paperwork and administrative chores, according to the 2023 Medcape Physician Compensation Report.”

“ ‘The administrative toll in part [caused] by external regulations and the challenge of the electronic medical record [system] and the incredible demand of how billing works in healthcare takes up so much time,’ said Lateef. ‘And it takes away a provider’s time to look their patient in the eye and provide care.’ ”

**What can be done to stem the crisis?**–“Ehrenfeld suggested several ways to mitigate the shortage, including passing legislation that would allow more doctors to train and practice and reducing medical school debt.”

“One possible solution, he said, is to boost the number of residents in hospitals. Ehrenfeld noted that the Resident Physician Shortage Reduction Act of 2023 could help by lifting the cap on residency programs.”

“The bill, which was introduced by Reps. Terri Sewell (D-Ala.) and Brian Fitzpatrick (R-Pa.) earlier this year, would expand the number of Medicare-supported medical residency positions by 14,000 over seven years.”

“Another piece of legislation that could help stem the shortage is the Conrad State 30 and Physician Access Reauthorization Act, according to Ehrenfeld. Under the bill, international doctors would be able to stay in the U.S. after their residency programs as long as they committed to practicing medicine in parts of the country with physician shortages.”

“Easing medical student debt could also potentially increase the amount of doctors willing to work in underserved areas, Ehrenfeld said.”

“ ‘**The typical medical school graduate has about $200,000 in medical school debt,’ he said. ‘And that shortage contributes to shortages in rural and underserved areas because it drives physicians to seek higher paying jobs in cities**.’ ”

## Frazzled Retail Pharmacists

From “Wisconsin pharmacists say they need more help to keep up with increasing demands,” *Wisconsin Public Radio*, 11/1:

“Norbert Salamonski recently retired from working as a pharmacist at Walgreens in Marshfield. Based on his experience, Salamonski said he’s not surprised to see pharmacists and technicians walking out at retail pharmacy chains across the country.”

“After walkouts at CVS stores in September and at Walgreens earlier this month, national media outlets reported on Monday that organizers at both chains were planning additional walkouts over the next three days.”

“While none of those labor actions have happened in Wisconsin so far, Salamonski said pharmacy staff have struggled with a growing workload and declining staffing for years. He said that problem only worsened with the COVID-19 pandemic. ‘In 1999 when I started, a busy day would be maybe 250 scripts’ he said. ‘Today, we’re doing 1,000 a day.’ ”

“Salamonski said pharmacists often don’t get a break or have the opportunity to sit during their nine-hour shift behind the counter, which includes running between the drive-up and in-store windows, preparing prescriptions and administering vaccines. He said pharmacy technicians are critical to taking on the increased workload, but many positions that were once full-time were reduced to part-time jobs in recent years.”

“At the same time, Salamonski said staff are experiencing an increasing number of patient outbursts and

harassment when medicines aren't covered by insurance or there are shortages from the manufacturer."

"He said all of these factors have led to increased burnout among both pharmacists and technicians. It's one of the reasons he chose to retire last year, on top of his frustration over what he describes as a lack of appreciation shown by corporate officials."

"Although Wisconsin locations haven't joined walkouts, Pharmacy Society of Wisconsin CEO Sarah Sorum said many pharmacists in the state have joined the calls for industry-wide change."

" 'I talk with our members every week about these issues, whether it be patient expectations, health plan challenges, staffing issues, shortages of pharmacy technicians,' said Sorum, who is also a pharmacist. 'Those are all topics that are coming up on a weekly basis. They're urgent issues that need conversation, and they're complex.' "

"And like many in health care, Sorum said pharmacy staff have felt the toll of increased needs during the pandemic. 'We really have a workforce that's been traumatized,' Sorum said. 'Being under the immense pressures of some practice settings and some health care situations, we really know that there's things that need to evolve and change so that health care workers aren't retraumatized day after day.' "

"With news of the walkouts making national headlines, Sorum worries it will affect how pharmacy students and those beginning their careers are thinking about their place in the industry."

"But Salamonski thinks the issue needs to be brought to the public's attention because it could have a significant impact on patient safety. He said pharmacists have to be laser-focused on the details of every prescription, ensuring the correct dosage, monitoring for allergies and more."

" 'We're in a position that if we cannot do our job effectively, or if we miss something, we can absolutely severely hurt somebody,' he said. 'We don't want to be walking out of work going, 'Oh my gosh, what did I miss today?' And believe it or not, that happens. But that's not the way you want to practice.' "

## The Growing Challenge for Home Care

From "What to Know About Home Care Services," *KFF Health News*, 12/4:

"Most older Americans want to live at home as long as they can, but finding and affording the help they need often isn't easy. There are severe shortages of home health aides in many parts of the country. Hiring them is costly. And most middle-class people will have to pay for home care themselves if it's needed for the long haul." Here are some suggestions:

**What kind of home care do you need?**–"After a fall or surgery, some older people will need short-term care at home from a nurse or therapist to help them recover. Medicare, the federal insurance program for those 65 and older, typically pays for this kind of home health care. A nurse can be sure a wound is healing properly, for example, while a physical therapist can help a person get back on their feet after a knee replacement."

"**But millions of older Americans need assistance over months or years to stay in their homes safely instead of moving to an assisted living facility or nursing home**. They may require help getting out of bed, taking a shower, or going to the bathroom; getting to the doctor; shopping for groceries; or making meals. They would need a home aide or personal care assistant, who may not have much, if any, medical training."

**How do I find help?**–"A wide range of services are available, whether it's light housekeeping or hiring a private-duty nurse. Monica Moreno, senior director of care and support at the Alzheimer's Association, suggests that you start by making a simple list of the kind of help you or your loved one needs and the number of hours each day or week required."

"To identify agencies and services available in your area, Moreno recommends looking through a database of community resources provided jointly by the association and AARP, the nonprofit group representing older Americans, that is searchable by location. A list of agencies and a brief description of what they provide can be found under the category 'care at home.' AARP also has a guide to finding a home health aide."

**Should I use an agency?**–"While Medicare certifies and gives star ratings to home health agencies, the businesses that provide home care services are not subject to federal oversight or required to be licensed in every state. But a good agency will run background checks on its workers and give them training and support. If an aide calls in sick or quits, the agency can find a replacement. Some businesses also bond and insure their caregivers."

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"The home care dilemma is that the covered benefit has no workforce and the workforce is only for an uncovered benefit."

"To choose an agency, Jennifer Battista at the Home Care Association of America, suggests inviting several of them to your home to conduct an assessment. Ask them how they vet their employees, whether they run criminal background checks, and whether their employees are required to know how to perform CPR or provide first aid. Be sure to ask for references for individual aides and talk to families who have employed them before."

"Once you pick an agency, you may want to try a few caregivers before finding the right one. The more information you share about your loved one's needs, the better the agency will be able to find an aide who's a good fit. 'It's a lot like matchmaking,' Battista said."

**What about finding someone through word-of-mouth?**–"Many families have success finding a caregiver by asking people they trust for recommendations, said Nicole Jorwic, a lawyer who is the chief of advocacy and campaigns for Caring Across Generations, an advocacy organization. 'Cast a wide net, post on private social media, and ask family and friends,' she said, noting that she found caregivers for her grandparents by asking people in her community."

"Churches and other religious institutions, local charities, and community organizations may also have suggestions. A primary care doctor or local medical practice may have experience with specific home care agencies or know of individual caregivers. If you decide to hire someone privately, you should be sure to do a thorough background check and talk to families who have employed them before. Family Caregiver Alliance, a California nonprofit group, provides a guide."

**Will Medicare cover the cost of an aide?**–"Many home agencies erroneously say they can't send a home aide and will tell a doctor's office or patient that Medicare won't pay for one. 'This is a long-standing problem,' said Judith Stein, executive director of the Center for Medicare Advocacy, a nonprofit legal group."

"**While it's true that Medicare doesn't pay for long-term care, it may pay for an aide as part of a patient's care plan if that person also qualifies for a home nurse or therapist for a time**. Agencies often refuse to provide someone because Medicare pays a lump sum per patient, meaning the agency isn't paid more for sending an aide in addition to the nurse or therapist. Talk to the doctor about whether an aide is necessary so one can be specified in the care plan presented to the agency."

**Will other insurance pay for an aide?**–"Under Medicaid, the state-federal program for low-income people that provides long-term care, the cost of an aide is often covered as an alternative to a nursing home. But a shortage of workers can make it difficult to find one even if you qualify. Families complain of frequent no-shows, and because wages are low under the program, agencies often have high turnover among workers."

"Some private Medicare Advantage plans offer home care as a supplemental benefit, and it's possible that some help will be covered under a long-term care insurance policy. If you or your loved one is a veteran, it's worth checking with the Department of Veterans Affairs to see if it will pay for home care."

**How much will an aide cost?**–"If you decide to pay privately, the hourly rates charged by agencies vary widely, and some agencies may not be able to fill a position for just a few hours a week. In San Jose, California, half the agencies charged more than $37 an hour

for a home health aide in 2021, according to Genworth, a long-term care insurer. Across the country, agencies are charging roughly $27 an hour with a little more than half of that going to pay their workers."

**Where else can I get help?**–"State or local government agencies that focus on aging or nonprofit groups can provide information. You can also try the Eldercare Locator. The Alzheimer's Association also has some advice for finding caregivers, and it offers a 24-hour help line: 1-800-272-3900."

**What about respite care?**–"Family caregivers should also think about taking advantage of respite care to give themselves a break from time to time. Depending on the circumstances, insurance may cover the cost, and there are local government and community groups that will pay for an aide for a brief period. Churches and other organizations might also provide respite care."

## Edgerton Hospital Energy Savings

From "Edgerton Hospital Makes Big Gains in Sustainability With Geothermal System," downloaded from *Healthy Climate Wisconsin*, 12/5/23:"

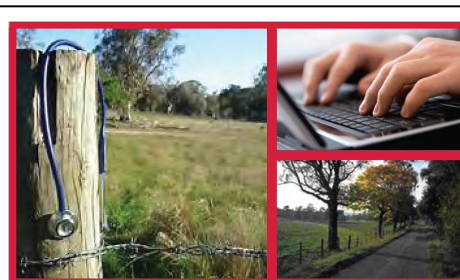
"As the largest employer in its city of 5,000, when Edgerton Hospital made the decision to replace its aging and increasingly expensive facility, it was a big deal. Perhaps an even bigger deal was the fact that the hospital's administration made a commitment to put sustainability at the forefront of this project–a decision not to be taken lightly in an industry as energy-intensive as healthcare. After two and a half years of planning, the hospital received funding from the Department of Housing and Urban Development to re-build in 2010 with the guiding principles of energy efficiency, environmental stewardship, and sustainability. These principles were incorporated into the project through innovations such as green roofs, natural light sources, water efficient landscaping, and organic building materials. The real showstopper for this project, however, was a geothermal system that would heat and cool the hospital."

"Designing and installing such a system for the new hospital was an ambitious goal–there would be significant initial costs, a concern which was expressed by larger hospitals also interested in implementing renewable energy. Despite these concerns, the hospital's administration persevered. 'We moved forward wanting to be responsive, not only to the environment, but to the health and wellness of our patients, our community served, and our employees,' said Susan Alwin-Popp, then long-time member of the hospital's administration and Vice President of Clinical Services/Chief Clinical Officer, in an interview with the Wisconsin Environmental Health Network (WEHN)."

"With the help of Federal Housing Administration financing, Edgerton Hospital moved forward with plans for the geothermal system. In doing so, Edgerton would become the first hospital in the state of Wisconsin and the first critical access hospital in the United States to install a geothermal heating and cooling system."

"The geothermal system, which relies on the earth's natural temperature to heat and cool the hospital, is made up of 293 wells at a depth of 285 feet. At the time of construction, it was projected that it would take 11 years to recoup the $850,000 cost of this system. However, the hospital excitedly announced in 2017 that in just 5 years after its installation, the system's cost had been fully recouped. Not only that, but the hospital was saving about $15,000 a month in energy as a result. Using the momentum from this financial success, the hospital further improved their energy efficiency with the installation of LED light bulbs and self-timing lights, as well as the transfer of these features and more to their Milton clinic."

"With the success of their rebuilding, Edgerton Hospital was solidified as a leader for sustainability both in the community and outside of it. According to Alwin-Popp, the Edgerton community looks at the hospital 'not only to meet



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healthcare needs, but to be a leader, to share.' This leadership extends outside of the small town of Edgerton, as healthcare facilities across the state have reached out to Edgerton Hospital for tours, cost-benefit analyses, and guidance on conducting similar projects."

"By prioritizing not only the health of patients and staff, but also the health of the environment, Edgerton Hospital's approach to healthcare fits well within its 'Healthy Village' model of promoting community health and wellness through high quality and sustainable technologies, building materials, and systems that allow healing of the mind, body, and soul."

## *Leadership Insights*: "Upgrade Your App"

The *Leadership Insights* series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at **www.RWHC.com**.

Our phones require regular upgrades to function properly. IT folks tell us, *"When you get that reminder, do the upgrade."* Consider this final 2023 post focused on belonging as your "auto-notice" pop-up reminder to reboot. The end of the year is always a good time to reflect, so here are some update prompts.

Shut down for a while and consider the following to be ready to restart *YOU, version 2024*.

**How are you connecting?** Burnout, addiction, loneliness, hopelessness: the antidote to all of these *begins* with connection. Make time for starting or renewing friendships. Who is that person that makes you laugh? What about that friend whose conversations leave you with a fresh perspective? Call them. As a leader, reboot and get back out there. Strike up conversations with people you have been avoiding. Introduce the emerging leaders who work for you to others who can offer them opportunities. Invite people to join you for a walk at lunchtime. Everybody wins when you turn towards others and spend a little time giving your attention.

"I'm hoping Life App Version 2024 has fewer bugs than 2023."

**How are you adding value to those who connect with you?** Think of the time waste that most social media apps are. We find ourselves returning to them out of habit but often feel worse for it because there is nothing of value there. Look at your habitual responses and actions and find something new to try. Learn about something outside your comfortable expertise. What are you curious about and where are you stretching your interest muscles? Examine if people leave their interactions with your "app" energized or depleted.

**What mechanisms have you put in place to deter identity theft?** There are a lot of people who will tell you who you ought to be. We also fall into trying to be someone we are not, trying to please others or be perfect, believing we are not good enough. No app–or person–is going to make everyone happy or be completely glitch-free. This upgrade section is about clarifying and remembering your boundaries. Is it time for a revisit of your priority values? Identifying those will help you to know what is negotiable and what is not, making boundary setting easier.

**How do you prevent viruses?** We are at risk of leadership viruses when our egos overtake our grounded selves. When we neglect to practice good "ego hygiene" we find ourselves taking things personally and getting defensive. This creates a weakened state that allows in viruses like low self-confidence and inefficiency. To prevent viruses: practice gratitude. Stay humbly aware of strengths and weaknesses. Let go of things we can't control. Just like daily exercise for your physical health, your leadership app needs a daily system inquiry of, *"What do I and what don't I have control over?"*

**What messages are you amplifying?** As a leader, you have more influence than you probably realize and as humans, we have competing tendencies. We can lead with our "schismo-genesis" *(a new term I just learned that is fun to say and refers to our natural*

*drive to have in-groups and out-groups)*. It is human nature to fight for our team to win and the other to lose. This "in-grouping" may be linked to our need to belong as essential to our very survival. **BUT.** We are also wired to cooperate and empathize. Think of the athlete who forfeits the win to help a fallen opponent. Make a deliberate decision to build capacity for this drive to heal. When you speak, look for ways to be inclusive and identify common ground. Avoid putting people or situations into labels or buckets. Be the CEO of "communication that drives our reunification as humans." *(If we all commit to this, we will begin to shrink the divide that so hurts us all, in and out of work).*

**What's your app's long-term impact on the future?** China created a 100-year plan in 1949. The people who came up with this plan obviously knew they would not live to see its result. We set goals for this quarter, this year, this "phase" of our lives and careers; but what are you working on that will outlive you? If you started putting effort and focus into something that would make a difference 100 years from now, what about your life–and leadership–would change?

I'll end the year's posts with this definition of belonging from Brad Deutser, author of *Belonging Rules*: *"Where we hold space for something of shared importance."* Keep your personal leadership app working at top efficiency to help us all remember that which is important and shared. **Leadership is needed**. **You are needed**.

*Contact Jo Anne Preston for individual or group coaching at **jpreston@RWHC.com** or 608-644-3261. For info re the RWHC Leadership Series go to* **www.RWHC.com/Services.aspx** *or contact Carrie Ballweg at **cballweg@RWHC.com** or 608-643-2343*.

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