President’s Message

It’s hard to believe that after years of massive realignment in health care, 2016 could become the year known as the calm before the (another) storm. After nearly a decade of continuous change, November’s elections are triggering another wave of uncertainty across the health care landscape. To quote one of my favorite writers: “No changes are permanent, but change is.” So true!

While the future may be cloudy, what’s immensely clear is the critical role of advocacy in both Madison and Washington. The challenges faced by health care seem to proliferate and become more complex each year, and given this continuous state of change and angst comes an even greater need for WHA’s strong and expanding advocacy voice … and value.

Looking back at 2016 and ahead to the future, I believe there are five characteristics that will continue defining WHA’s value proposition for our members, partners and stakeholders: **Responsive, Relevant, Influential, Impactful and Accountable.** The pages that follow demonstrate a few of the ways WHA delivered on our value definition in 2016.

But perhaps our best example came at 8:05 AM on November 9, just hours after the election, when WHA shared with members our initial insights. This was very quickly followed by a thorough analysis of the potential impact of repealing and replacing Obamacare in Wisconsin. And since election night we have been in frequent communication with our members and elected leaders at both the state and federal level, including Speaker Paul Ryan and Governor Scott Walker. This is what we do, and what you should expect from your WHA team.

Indeed, it was another remarkable year for WHA made possible by an exceptional team, which at its foundation includes our engaged members who participate in our councils and task forces, attend dozens of meetings with elected officials and comprise our incredibly supportive board of directors. Health care will remain in a continuous state of change, and it is because of this outstanding team that WHA is able to not only face these challenges but embrace them as opportunities to expand our value proposition … to lead.

Thank you for your support!
WHA Mobilizes Advocacy Assets to Meet 2016 Goals

With a clear set of goals approved by the WHA Board and supported by the membership, WHA engaged in an aggressive advocacy agenda in 2016.

The process of setting WHA's goals is marked by collaboration with close attention paid to ensure they successfully align with the Association's Strategic Plan. The WHA 2016 goals targeted several key advocacy issues—Medicaid, behavioral health, rural health care, federal issues including the Affordable Care Act (ACA), and a relatively new area of interest—post-acute care.

“WHA’s goals are designed to keep us ahead of the curve, not just to keep pace with the things we usually work on, but our goals must truly support our members’ priorities,” according to WHA President/CEO Eric Borgerding.

WHA Medicaid Advocacy Focuses on Preserving Access

In a state where the Medicaid program pays hospitals an average of 65 percent of costs, advocating for Medicaid reimbursement increases is one of WHA’s top priorities.

Progress was made in 2015 toward the goal of achieving an increase in Medicaid reimbursement when the WHA-backed Disproportionate Share Hospital (DSH) program was passed and made permanent in the state budget. Building upon that success in 2016, WHA staff continued to work with legislators, the Wisconsin Department of Health Services (DHS) and the Governor’s office to maintain funding to the hugely important DSH program as the state moves into the next budget biennium. The good news is DHS included DSH funding in their 2017-19 agency budget request to the Department of Administration, which is a positive indicator that the funds will be included in Medicaid base funding.

WHA staff continues to engage regularly with the Walker Administration to advocate for state support of the Medicaid program and prevent payment cuts to providers.

WHA is fortunate to have a membership base rich in engaged and knowledgeable health care leaders. That field expertise is especially helpful in the area of Medicaid. Again this year, WHA convened a Medicaid Policy Work Group to develop achievable policies aimed at preserving access to Medicaid. The work group discussed several important policy topics including reimbursement, care coordination, behavioral health, access to dental services and administrative reforms. In the span of four months, the work group developed a set of 20 recommendations that will form WHA’s platform for payment advocacy work in the 2017-2019 state biennial budget.

Health Care Data Modernization Act Supports Population Health

Wisconsin’s rapidly changing health care delivery and payment environment is creating a need for more precise, accurate and timely information about community health needs and population health. WHA’s Health Care Data Modernization Act, passed on a bipartisan basis, modernized the statutes and regulations that authorize the state’s health care data collection program operated by the WHA Information Center (WHAIC). The reforms in the WHA-supported Act enable providers to access better data as they develop innovative strategies to improve population health.

The Act gave the WHA Information Center the ability to assess patient condition information at a more precise and accurate geographic level, called a census block group or census tract, instead of by ZIP code. This level of detail is critical for hospitals and health systems as they develop population health strategies.

Gov. Walker signed the WHA-backed Health Care Data Modernization Act March 30 before nearly 1,000 hospital supporters at the 2016 WHA Advocacy Day in Madison.
WHA is the Health Care Advocacy Leader

WHA’s advocacy strategy leverages the considerable strengths of an Association that has become the leading voice for hospitals and integrated health systems in Wisconsin together with political advocacy at both the state and federal level.

In 2016, WHA initiated a comprehensive assessment and evaluation of the Wisconsin Hospitals PAC & Conduit fundraising program. The result was a strategic plan focused on growing a political fundraising program, which is now the top conduit in the state, while also increasing the fundraising benchmark to $300,000. Before the year ended, not only was the fundraising goal met, but more than $347,000 was disbursed to candidates and committees for state and federal offices in 2016.

The WHA PAC hosted 14 fundraising events in 2016 for state legislative and statewide candidates. In addition, WHA’s highly effective HEAT grassroots program completed more than 10 HEAT Roundtable Discussions. The Roundtables have provided excellent opportunities for elected officials to meet and discuss priority issues, including Medicaid, with hospital and health system leaders. WHA also met its goal of meeting with more than 50 candidates for state office prior to the 2016 election, including incumbents, challengers and candidates in open seats.

WHA Reacts Swiftly to Election Results

The election results were still coming in as the WHA team began their in-depth analysis to alert WHA members to the potential impact that the health reform proposed by President-elect Trump could have on Wisconsin providers.

By early in the morning on November 9, WHA had issued its first member communication followed a few hours later with a detailed impact analysis. WHA President/CEO Eric Borgerding began fielding press calls on the heels of the election, while conducting more than eight presentations specific to what the impact would be in Wisconsin if the ACA was replaced. A December 1 member webinar on the subject of the ACA drew more than 230 participants.

WHA has been actively and visibly engaged with political leaders to provide information that will help shape the future of Wisconsin’s health care landscape. On December 12, WHA Board leaders met with Speaker Paul Ryan in his Janesville office. Topics discussed included coverage expansion, various aspects of Medicaid and the pace and implementation of changes to the ACA. The WHA team and members have been in direct communication with Gov. Walker’s staff and key leaders.

WHA will stay in close communication with federal and state elected officials to advocate for our members ability to continue to deliver the high-quality, high-value care that is a hallmark in our state.
2016 Advocacy Day Draws Over 1,000 Hospital Supporters to Madison

Following on the heels of the successful 2015-2016 legislative session for hospitals and health systems, the WHA 2016 Advocacy Day held March 30 in Madison drew more than 1,000 hospital supporters from across the state. Gov. Scott Walker, for the fifth year, delivered the keynote address and touted Wisconsin health care for being among the best in the country.

“When you talk about infrastructure, people think about the obvious—good transportation, access to reliable power, clean water, and especially in the rural parts of the state, access to broadband,” Walker said.

Later in the day, more than 500 “citizen lobbyists” trekked to the capitol to meet with their legislators, advocate for WHA priorities and thank them for their support of their local hospital.

Wisconsin Clinical Performance Among Best in the Nation

Wisconsin is well known for its highly rated clinical quality performance, earning the third highest state ranking in the nation in 2016 from the federal Agency for Healthcare Research and Quality (AHRQ). In a state that values collaboration and networking, hospitals worked together with WHA on improvement projects in the CMS Hospital Engagement Network.

The 86 hospitals that worked with WHA together achieved a 55 percent reduction in catheter-associated urinary tract infections, a 38 percent reduction in falls with injury and an 18 percent decrease in sepsis.

WHA was chosen as one of five state hospital associations to serve as a pilot state in a project with the Centers for Disease Control and the AHA Health Education and Resource Trust to establish a partnership with MetaStar and the Wisconsin Department of Public Health to test new improvement resources with hospitals that need assistance reducing infection rates.

The popular quality residency for quality managers new to their positions in hospitals graduated its second class in 2016 with 100 percent of the residents giving it a top-box rating for satisfaction and value. The success of the residency training program for quality managers was the impetus for WHA creating a Physician Quality Academy, which will be launched in May, 2017.

WHA Communicates Directly with Employers

WHA communicated directly with more than 2,800 Wisconsin employers and showcased the ratings and rankings that Wisconsin health care has received, reminded employers that providers here get employees back to work sooner and explained the impact that government under-funding has on employer health care costs.
WHA Operationalizes Statewide Mental Health Bed Tracker

Access to behavioral health services is one of the top needs identified in community health needs assessments led by hospitals across the state. WHA continues to advance a behavioral health agenda focused on creating access, avoiding emergency and inpatient utilization and advocating for longer-term system-wide reform that advances more integrated and coordinated care.

Early in 2016, WHA crafted a reform package (Act 153) that was signed into law by Gov. Walker that included the creation of a voluntary, web-based inpatient mental health bed locater program. This service was designed to make it easier for hospital emergency departments to identify bed capacity challenges. Less than four months after Act 153 was signed into law, the WHA Information Center developed and operationalized a web-based bed-tracking system that inpatient psychiatric units and hospital emergency departments could access to find available beds. Act 153 also included two Medicaid pilot programs to improve care coordination for those with mental illness.

WHA Fights Site-Neutral Payment Prohibitions

The abrupt inclusion of a provision in the Bipartisan Budget Act of 2015 that prohibited hospitals from receiving payments based on the Outpatient Prospective Payment System (OPPS) in certain situations spurred an immediate response from WHA. In a letter to Speaker Paul Ryan, WHA said the “site neutral” policy—without input from our hospitals on this policy’s impact on care access, finances or operations—inappropriately upended local health care decisions made by Wisconsin hospitals and health systems. On behalf of WHA members who were affected by the prohibition, WHA worked with members of Congress to correct the policy, particularly to address projects caught “mid-build.” Through aggressive advocating by WHA and others, a targeted mid-build fix was passed by Congress and signed into law by the President in December.

WHA staff and members have frequent contact with Wisconsin’s delegation. In 2016, WHA led or participated in five trips to Washington DC on issues related to HOPD/site neutral, the graduate medical education legacy cap, rural health care, Medicare payments and other WHA priorities.

WHA Helps Shape Payment Reform/MACRA

The new physician payment program, MACRA, has been called one of the most substantive changes to health care reimbursement in more than 20 years. No surprise that it became a number one priority for WHA staff, which engaged with the Centers for Medicare and Medicaid Services (CMS) to ensure the agency was aware of Wisconsin’s concerns.

As CMS released several draft regulations and guidelines related to MACRA, WHA had an opportunity to meet, by invitation only, with Acting CMS Director Andy Slavitt. WHA was the only Wisconsin organization invited to participate. At the Chicago meeting, WHA identified the tight implementation timeline and steep learning curve as top concerns, along with the need to consider rural area needs and more alternative payment model options. WHA is pleased the final rule includes flexibilities and provisions that address many of these concerns.

WHA sponsored two webinars for members that provided in-depth analysis and the implications of MIPS and APMs. In addition, in consultation with our Physician Leaders Council, WHA produced a video that gave a high-level overview of MACRA that was designed to be shown to physicians to make them aware of some of the key elements in MACRA.
Physician Leaders Help Define WHA Advocacy Agenda

WHA continued to expand its efforts to provide value to members across the continuum of care and utilized the Physician Leaders Council (PLC) to guide the Association’s advocacy and education efforts related to physician engagement, physician payment policy and physician practice regulation in integrated care settings.

The PLC provided valuable feedback that was incorporated into WHA’s correspondence to CMS on the MACRA proposed rule. The PLC was also instrumental in assisting WHA in the development of a Physician Engagement and Retention Toolkit. The toolkit provides a comprehensive range of considerations and potential tools that chief medical officers and chief executive officers can use to help guide and refine their organizations’ strategic plans for physician engagement and retention in a vertically integrated care delivery model.

The PLC also helped shape and guide WHA’s advocacy on several physician practice-related efforts, which included providing input on the development of WHA’s Team-Based Care Regulatory Reform Package. This package of reforms is on track to be introduced as legislation in 2017.

A recognition of the extremely valuable leadership positions physicians hold in our hospitals and health systems, this year the WHA Board of Directors unanimously approved the addition of two At-Large positions on the Board to be filled by physician leaders of WHA.

Lastly, new in 2017 will be the WHA Physician Quality Residency Program, which will help prepare physicians for a leadership role in clinical quality improvement programs.

WHA is the Leading Voice on Health Care Workforce Issues

Following years of relatively flat vacancy rates, the WHA 2016 Health Care Workforce Report warns that the health care workforce market is heading into a crisis. Vacancy rates among many health care professionals are steadily climbing, with retirements outstripping hospitals’ ability to replace these seasoned workers.

WHA has been monitoring health care workforce issues for more than a decade and it is a leading voice for health care workforce policy and capacity needs, which includes publishing an annual workforce report. The 2016 report, the 13th produced by WHA, along with the Wisconsin Council on Medical Education and Workforce (WCMEW) physician workforce report, are valuable documents that support the development of a comprehensive strategy to meet Wisconsin’s future physician and advanced practice provider workforce needs. WHA has a leading role in educating key policymakers about current and future care delivery models, which included holding a capitol briefing for legislators late in the year.

WHA has been a leading voice in the capitol advocating for funding medical residencies, especially for high-need specialties such as psychiatry, general surgery and family medicine. This year, WHA laid the groundwork with the Walker Administration and key legislators to recalibrate the state graduate medical education (GME) grant program in the 2017-19 state budget so it continues to support current and future medical residency needs.
Regulations Simplified...At Last

A more than decade-long WHA effort to simplify Wisconsin’s outdated and duplicative 30-year-old state hospital regulations became a reality July 1, 2016 when the federal Medicare conditions of participation for hospital regulations became Wisconsin’s state regulatory standards for hospitals. The legislation sunsetting the old rules authorizes DHS to establish additional state standards for hospitals. WHA continues to closely work with the Department to finalize a small subset of additional state standards sought by DHS that are likely to be released and finalized by DHS in 2017.

WHA also successfully led efforts to dramatically scale back proposed telemedicine rules by the Medical Examining Board (MED 24), maintain requirements for APNP collaboration with physicians while modernizing practice authorities in rules proposed by the Board of Nursing (N8), and suspend advancement of a rule that would have limited the types of medical malpractice insurance coverages available to health care providers (INS 17). WHA also continues to work with DHS and WHA’s diverse membership as DHS continues to review and develop an update to Wisconsin’s trauma designation rules (DHS 118).

WHA’s Courtroom Advocacy Delivers Results

WHA’s role as a “valued voice” as a courtroom advocate was also on display in 2016 when the Wisconsin Court of Appeals took the unusual step of specially inviting WHA to submit a “friend of the court” brief in the Wall v. Pahl case involving Wisconsin’s medical records statute. The Court ultimately agreed with WHA that permitting private suits when a health care employee impermissibly accesses but does not disclose a record would “place too unreasonable a burden” on health care organizations and employees.

WHA also developed what became a well-attended Legal and Regulatory Hot Topics webinar series presented by WHA corporate member law firms on a range of topics from new federal overtime rules to managing risk in telemedicine platforms to regulatory developments for critical access hospitals.

WHA Supports Statewide Opioid Abuse Initiatives

Prescription pain killer abuse is a public health crisis in Wisconsin. When Attorney General Brad Schimel asked for assistance, WHA joined several other state health care organizations in sponsoring member education and a statewide awareness campaign. In addition to creating a resource center on opioids at wha.org, WHA held five complimentary webinars that focused on the role of providers in helping to identify and curb abuse.

The WHA government relations team is actively engaged in the legislative discussion about the use and utility of the state’s Prescription Drug Monitoring Program (PDMP). WHA successfully amended legislation to require that the Department of Safety and Professional Services Secretary can ensure the PDMP can electronically transmit information in medical records systems.

WHA is represented on the Governor’s Task Force on Opioid Abuse, which is charged with identifying solutions to Wisconsin’s heroin and opioid abuse epidemic. In addition, WHA hosted the statewide Wisconsin Coalition for Prescription Drug Abuse Reduction in fall, 2015 and has remained a core member of that group since its inception.
WHA Creates New Tools for Greater Transparency, Better Analytics

Wisconsin is one of the most transparent states for health care information and data in the country, but that doesn’t mean there is not always room for improvement. Several initiatives in 2016 will help connect patients with charge information related to their care.

The first project completed with member input was the development and release of a toolkit that provided the rationale for a sample policy for one way to approach complying with the ACA hospital charge posting requirement that will make it easier for patients to find this information.

High volume physician charge data from the Wisconsin Health Information Organization (WHIO) was incorporated into WiPricePoint.org, which will expand the information available to consumers on other aspects of their care.

WHA Information Center, LLC Launches New Data Tool

The WHA Information Center is the state-designated hospital and free-standing ambulatory surgery center data collection entity. WHAIC collects approximately 11 million records per year, including hospital inpatient, outpatient surgery, emergency department, ancillary services and provider-based location data. This year, WHAIC launched Kaavio, a new data visualization tool. Kaavio is customized to work with hospital and ambulatory surgery discharge data submitted to WHAIC quarterly. WHAIC also created a series of quick reports and dashboards to help hospital and ASC leaders quickly gain insights into market share, population health, patient access and other important business drivers.

WHA Foundation, Inc. Supports Workforce, Quality Initiatives

The WHA Foundation’s focus in 2016 continued to be initiatives that have statewide impact in the areas of health care workforce development and quality/safety improvement. The Foundation’s newest effort was developing and funding a scholarship program for interdisciplinary health care provider teams to participate in clinical simulation training, in an effort to provide hospitals greater access to simulation-enhanced learning environments. In 2016, those teams focused on OB-related scenarios to enhance their knowledge and skills.

The simulation training scholarships proved to be so successful that the WHA Foundation Board has budgeted additional funding to extend the program into 2017.

Wisconsin Hospitals’ Statewide Community Impact Totals $1.7 Billion

Hospitals report over $1 billion in Medicaid losses; Spent $177 million on physician education, training

“Wisconsin hospitals are committing financial and human resources to improve the overall health status of our state by providing essential services in their communities, which, if they were not available, would place a much greater burden on our state and local governments. By doing this, our hospitals and health systems support a health care ‘safety net’ and ensure our most vulnerable populations receive the care they need.” — Eric Borgerding, WHA President/CEO

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