

## Lawmakers Move Health Care Legislation to Gov. Walker's Desk Assembly, Senate pass key WHA priorities on emergency detention and provider care coordination

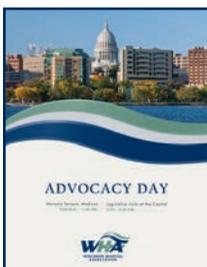
Getting closer to the end of the 2017-18 legislative session, the Wisconsin Assembly and Senate both met this week to act upon several pieces of health care related legislation including a reinsurance bill that was included in Governor Walker's Health Care Stability package.

The Governor's reinsurance legislation, known as Senate Bill 770 (<https://docs.legis.wisconsin.gov/2017/proposals/sb770>), received bipartisan support in both houses of the Legislature after being amended by the Legislature's Joint Finance Committee (JFC) last week on a 13-3 vote. The JFC supported a substitute amendment to the bill, removing a mandatory lapse from the state Medicaid program of up to \$80 million. WHA lobbied to remove this lapse in the reinsurance bill and asked the Senate and Assembly to adopt Senate Bill 770. (See [www.wha.org/pdf/2018.02.19-WHAasksSupportofHealthCareStabilityLegislation.pdf](http://www.wha.org/pdf/2018.02.19-WHAasksSupportofHealthCareStabilityLegislation.pdf) and [www.wha.org/pdf/2018.02.19-WHAasksSupportofHealthCareStabilityLegislation-AB885.pdf](http://www.wha.org/pdf/2018.02.19-WHAasksSupportofHealthCareStabilityLegislation-AB885.pdf).)

"Like five years ago, we still believe everyone should have access to high-quality, affordable health care coverage. To make this an ongoing reality, it is clear that we cannot rely on solutions or answers from the nation's capitol and should take action at the state level to mitigate premium increases and ensure choice and affordability for the individual market," stated WHA President/CEO Eric Borgerding

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## Advocacy Day Legislative Leadership Panel Confirmed Over 700 registered already and counting!



The Wisconsin Hospital Association is pleased to announce an outstanding legislative panel is confirmed for 2018 Advocacy Day. Confirmed panelists include legislators in both the state Senate and state Assembly: Sen. Patrick Testin (R-Stevens Point), Sen. Jon Erpenbach (D-Middleton), Rep. Joe Sanfelippo (R-New Berlin) and Rep. Debra Kolste (D-Janesville).

Sen. Testin is the Majority Caucus vice-chair, and Sen. Erpenbach serves as a member of the Joint Committee on Finance. On the Assembly side, Rep. Sanfelippo serves as the chair of the Committee on Health, while Rep. Kolste is the ranking Democrat on the Committee on Health. As always, the panel will provide attendees in-depth insight into the issues facing health care in our state.

WHA strongly believes the afternoon's legislative meetings are the most important part of the day and encourages attendees to register for Advocacy Day with a legislative visit. To prepare attendees for their meetings, WHA schedules all meetings, provides an issues briefing at Advocacy Day and an optional pre-event webinar on legislative visits. *(continued on page 2)*



Sen. Patrick Testin

Sen. Jon Erpenbach

Rep. Joe Sanfelippo

Rep. Debra Kolste

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Make sure you assemble your hospital contingent for 2018 Advocacy Day set for March 21, 2018, at the Monona Terrace in Madison. Registration is now open at: [www.whareg4.org/2018AdvocacyDay](http://www.whareg4.org/2018AdvocacyDay). For registration questions, contact Kayla Chatterton at [kchatterton@wha.org](mailto:kchatterton@wha.org) or 608-274-1820.

## WHA Expertise in Workforce Highlighted in EBHPP Panel

Teams, technology and provider pathways were highlighted by a panel of workforce experts, including Ann Zenk, WHA vice president, workforce and clinical practice, in a legislative briefing sponsored by UW Population Health Institute's Evidence-Based Health Policy Project (EBHPP).

During the panel, "Right Providers in the Right Places: What Policies Support Adequate Health Workforce in Wisconsin," Zenk shared data, themes and recommendations from WHA's 2017 annual workforce report ([www.wha.org/Data/Sites/1/pdf/2017workforcereport\\_web.pdf](http://www.wha.org/Data/Sites/1/pdf/2017workforcereport_web.pdf)). Zenk noted, "Health care is an important public infrastructure, like roads and schools, and it's critical that key stakeholders, like all of us, and like policymakers, support the changes necessary to address rapidly evolving workforce needs."



*From left: Richelle Andrae, Program Analyst, WCMEW; Ann Zenk, WHA Vice President, Workforce and Clinical Practice; Sarah Kolinier, Policy Section Chief, Office of Policy and Practice Alignment, Wisconsin DHS*

Panelists linked common themes important to policymakers to the data used to identify these themes and trends, and to legislative and regulatory action taken as a result to ensure an adequate health care workforce. Patricia Pittman, PhD, co-director, George Washington University Health Workforce Institute noted, "States take the lead over the federal government in addressing workforce, and sound decision-making is needed at a state level." Pittman stressed the importance of collecting and sharing workforce data, a sentiment echoed by Susan Zahner, DRPH, associate dean for faculty affairs, UW-Madison School of Nursing. Zahner said, "We must maintain and enhance databases so we can know that the changes we are making are making a difference."

Building on the theme of physician shortages and team-based care introduced by Richelle Andrae, program analyst, Wisconsin Council on Medical Education and Workforce (WCMEW), Zenk provided examples of recent legislation supporting teams, top of scope practice and rapidly evolving technology. Zenk said, "Regulations and policy don't always keep pace, so when care models change, or technology allows better and more accessible care, policymakers need to make sure statutes guiding practice and payment also evolve."

Pittman had the final word on the panel with, "We've heard a lot about physician and clinician shortages, but it's important to remember the importance of teams with adequate support," noting, "Career pathways are essential to bring in entry-level workers to support physicians and other providers."

Program materials will be posted on the EBHPP's program page at <https://uwphi.pophealth.wisc.edu/programs/health-policy/ebhpp/events/index.htm>. You can contact Zenk at [azenk@wha.org](mailto:azenk@wha.org) or 608-274-1820 if you have questions about the program.

### Provider Care Coordination Shows “Tremendous Potential” in Reducing ED Use By Rep. Joe Sanfelippo (R-New Berlin)

The biggest challenge in health care today is balancing how to provide patients with access to the highest quality of care possible against the costs associated with providing that care. That’s why addressing gross inefficiencies in health care is of paramount importance. One of the most glaring issues is that of “high utilizers.” These are patients who repeatedly end up visiting emergency departments for care. Nationally, around five percent of patients account for about a quarter of all emergency department (ED) visits annually. According to the Wisconsin Hospital Association, over 10,000 Medicaid patients in Wisconsin visited an ED seven or more times in 2016. That represents roughly 111,000 ED visits. Over 3,000 patients in the state ended up in an ED seven or more times in both 2015 and 2016. All told, these repeated visits cost the Wisconsin Medicaid program over \$52 million annually. These are staggering numbers; yet, they represent a massive opportunity for improvement.



Rep. Joe Sanfelippo

That’s why Representative Jessie Rodriguez, Senator Alberta Darling, and I have introduced Assembly Bill (AB) 871, which passed the Assembly this week with unanimous support. In talking to hospitals and health systems throughout Wisconsin about the high utilizer problem, we’ve learned about the tremendous potential that care coordination has for significantly reducing the repeated use of emergency rooms by Medicaid recipients. The problem stems from the fact that many of these patients are visiting the ED for non-emergent reasons and they are, essentially, using the ED in lieu of primary care. No one wants to discourage people from seeking care in an actual emergency, but many high utilizers are individuals who go to the ED when they really should be seeing their general practitioner.

The Milwaukee Health Care Partnership analyzed this trend and found that 47 percent of ED visits were for non-emergent issues. Many of these patients either don’t know how to access health care more appropriately or simply can’t, for a wide variety of reasons. In many cases, it can be as simple as the patient either not knowing that they should be going to their primary care physician for these issues or not being able to get to their doctor during business hours. Other challenges these patients face often relate to basic socio-economic factors like unemployment, family obligations, and access to housing or transportation. If emergency departments had the resources and incentives to follow up with these patients and help them resolve their issues, we could solve the problem of overutilization by actually addressing the underlying causes, and that’s exactly where care coordination comes in.

We’ve seen impressive results from care coordination programs here in Wisconsin. Aurora’s pilot program saw a 44 percent reduction in ED visits after six months, and a staggering 77 percent reduction after 12 months. Ascension St. Joseph’s program reduced ED visits by 5,000 encounters. Through simple, but impactful, assistance like scheduling and maintaining primary care appointments, providing transportation, or arranging child care, these patients are able to get the care that they really need. These promising results are why AB 871 attempts to implement a larger Medicaid pilot program for care coordination statewide in order to see how well these results scale. By providing hospitals and health care systems with financial incentives to follow-up with high utilization patients, Wisconsin can realize massive cost savings while, simultaneously, improving the quality of care that this vulnerable population of patients receives.

*Representative Joe Sanfelippo (R-New Berlin) is Chairman of the Assembly Committee on Health and a lead author of Assembly Bill 871.*

## Walker Visits WHA Member Hospitals to Talk About Reinsurance Proposal

Gov. Scott Walker visited hospitals across the state last week, touring facilities, meeting with hospital leaders, providers and staff and speaking with the media about his plan to stabilize the individual health insurance market. The Governor visited Mayo Clinic Health System-Franciscan Healthcare in La Crosse, HSHS Sacred Heart in Eau Claire, Aspirus Wausau Hospital and Bellin Hospital in Green Bay.



*Clockwise from top left: Gov. Walker at Aspirus Wausau Hospital; at Bellin Hospital, Green Bay; at Mayo Clinic Health System-Franciscan Healthcare, La Crosse; and at HSHS Sacred Heart Hospital, Eau Claire.*

The hospital visits came less than two weeks after the Governor met with WHA's Board of Directors (see story at [www.wha.org/wha-newsletter-2-9-2018.aspx#s1](http://www.wha.org/wha-newsletter-2-9-2018.aspx#s1)) to discuss the benefits of Senate Bill 770, legislation to create a \$200 million reinsurance program designed to lower health insurance rates by 13 percent than otherwise projected. The bill has received support from WHA (see [www.wha.org/wha-newsletter-2-16-2018.aspx#s5](http://www.wha.org/wha-newsletter-2-16-2018.aspx#s5)) and passed both the Senate and the Assembly with bipartisan support. Walker is expected to sign the bill sometime in the next week.

## CMS Extends Medicare EHR Attestation Deadline to March 16

On February 22, the Centers for Medicare & Medicaid Services (CMS) extended to March 16, 2018, the deadline for hospitals to attest to the meaningful use reporting requirements of the Medicare EHR Incentive Program for the 2017 reporting period. Previously, the deadline was February 28, 2018. Hospitals participating in the Medicare EHR Incentive Program must use CMS's QualityNet Secure Portal to attest to the 2017 meaningful use reporting requirements in order to avoid Medicare reimbursement penalties. The 2017 EHR reporting period for hospitals is any continuous 90-day period between January 1 and December 31, 2017, and hospitals must report on the so-called "modified" Stage 2 objectives and associated measures. *(continued on page 5)*

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For physicians, demonstration of meaningful use under the Medicare EHR Incentive Program ended with the 2016 reporting period and was replaced with the Quality Payment Program starting in 2017.

Hospitals and physicians participating in the Medicaid EHR Incentive Program have until March 31, 2018, to complete their meaningful use attestation for Program Year 2017.

For additional information, contact Andrew Brenton, WHA assistant general counsel, at [abrenton@wha.org](mailto:abrenton@wha.org) or 608-274-1820.

## WHA Quality Forum: Survey Readiness, May 17

On May 17, WHA is offering a one-day session focused on state and federal hospital survey readiness, including discussion of the survey process, how to draft a plan of correction, practical strategies for managing survey activities, and ways to formulate a plan for continuous regulatory and/or accreditation readiness. This session will be presented by Robert Wilcox, FACHE, manager, accreditation and regulatory resources, quality management services for Mayo Clinic Health System in Eau Claire.

“Survey Readiness” is the third session in WHA’s Quality Forum, a series of day-long education events that address high-priority topics for hospital quality leaders and others involved in quality improvement in Wisconsin hospitals and health systems. In 2018, the series will include additional topics such as meeting external reporting requirements and basic quality improvement concepts. Presenters for each will share topic expertise and best practice applications.

Online registration and information on all of the WHA Quality Forum sessions can be found at [www.cvent.com/d/f5qhb9](http://www.cvent.com/d/f5qhb9). Registration at each session will be limited, so those interested should register as soon as possible.

For registration questions, contact Kayla Chatterton at [kchatterton@wha.org](mailto:kchatterton@wha.org). Contact Beth Dibbert at [bdibbert@wha.org](mailto:bdibbert@wha.org) for questions about the content of these sessions.

## Final Chance: Register for WHA Physician Leadership Development Conference



Time is running out to get your new physician leaders registered for the WHA Physician Leadership Development Conference, scheduled March 9-10 at The American Club in Kohler. This annual event focuses on important and practical leadership skills that help new physician leaders move beyond their clinical training and take a new approach to managerial decision making and problem solving.

Each year, nationally recognized faculty from the American Association for Physician Leadership lead the conference, and continuing medical education credits are available for physicians in attendance.

Online registration is available at [www.wha.org](http://www.wha.org) or directly at [www.cvent.com/d/ktq19j](http://www.cvent.com/d/ktq19j). For questions about the annual Physician Leadership Development Conference, contact Jennifer Frank at [jfrank@wha.org](mailto:jfrank@wha.org) or 608-274-1820.

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in testimony to the JFC. "This is why we support SB 770, and the steps it sets in motion to sustain coverage expansion through a reinsurance program."

Senate Bill 770 provides for a \$200 million reinsurance program to cover a band of claims in the state's individual health insurance market with the goal of decreasing insurance rates by 13 percent in 2019 compared to where rates would have otherwise been without the reinsurance program. This bill now goes before Gov. Walker, where he is expected to sign the legislation as soon as next week.

### ***Emergency detention reform, provider care coordination move forward***

Legislation developed as a result of recommendations from WHA's Behavioral Health Task Force and Medicaid Workgroup both passed important milestones in the Senate and Assembly February 20. WHA has been working with a bipartisan group of lawmakers to circulate, pass and enact legislation reforming Wisconsin's emergency detention laws to align with hospital obligations under federal law. Assembly Bill 538 (<https://docs.legis.wisconsin.gov/2017/related/enrolled/ab538.pdf>), which passed the Assembly in November 2017 and the Senate February 20, 2018, will require counties to receive approval from hospital staff before transferring a patient under a Chapter 51 hold to a detention facility. The bill also provides important liability protections for providers when they have fulfilled their duty to warn others about the dangerousness of an individual and provides clarification in Wisconsin law about a health care provider or law enforcement officer's ability to share patient information with others to prevent or lessen a threat to others.

Assembly Bill 538 will now be sent to Gov. Walker for his approval.

In addition, the state Assembly moved forward on an innovative bill that would provide reimbursement for provider-based care coordination programs operated by Wisconsin hospitals and health systems. The bill, Assembly Bill 871 (<https://docs.legis.wisconsin.gov/2017/proposals/ab871>), received a unanimous, bipartisan vote to use \$1.5 million per year for hospitals and health systems looking to reduce utilization for Medicaid enrollees who frequent hospital emergency departments. The legislation, championed by Reps. Joe Sanfelippo (R-New Berlin) and Jessie Rodriguez (R-Oak Creek) and Sen. Alberta Darling (R-River Hills), has now passed the full Assembly and moves to the Senate for adoption.

### ***WHA, nursing organizations oppose last-minute amendment "gutting" nursing workforce survey***

In an "unfriendly" action to a technical agency clean-up bill, Rep. John Macco (R-De Pere) authored an amendment to upend Wisconsin's nursing re-licensure survey that has existed since 2010. Wisconsin's nursing re-licensure program is the "gold standard" for nursing workforce data across the country, providing a complete data set to show employers and educators trending data to better prepare for the future patient care needs and supply of nurses in Wisconsin.

In a press release from WHA and several of Wisconsin's nursing organizations, WHA called on lawmakers to reject this amendment. (See [www.wha.org/2-20-18nrcoalitionopposesaa1toab903.aspx](http://www.wha.org/2-20-18nrcoalitionopposesaa1toab903.aspx).) When this legislation came to the floor of the Assembly, Macco finally made a motion to withdraw his amendment from consideration allowing the legislation to move forward without this controversial amendment.

"The Wisconsin Hospital Association's 2016 Workforce Report used the state's nursing re-licensure data to show that 40 percent of Wisconsin's nurses plan on leaving the workforce in less than 10 years," said Borgerding in the statement. "This is just one example of how the survey and the information it yields helps inform hospitals and public policymakers and craft strategies to ensure we have enough caregivers in Wisconsin. Losing this data will make it very difficult to predict and react to looming workforce shortages and ensure adequate access to care in the future."

"The final stages of the legislative session are always hectic, but the WHA advocacy and policy staff has been doing just a fantastic job these past few weeks advancing and achieving the remainder of our agenda," said WHA President/CEO Eric Borgerding. "Our members are well served by this fantastic team—they are the best in the business."