WISCONSIN HOSPITAL ASSOCIATION

The Valued Voice

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Commonwealth Ranks Wisconsin Health System Performance 11th Best in Nation

A newly released scorecard by the Commonwealth Fund (www.commonwealthfund.org/interactives/2017/mar/state-scorecard/?utm_source=&utm_medium=&utm_campaign=) ranked Wisconsin the 11th best state in the country based on health system performance, with several communities here ranking in the top-quintile nationally (http://datacenter.commonwealthfund.org/scorecard/local/361/appleton/).

The Scorecard ranks every state and the District of Columbia across five broad areas: health care access, prevention and treatment, avoidable hospital use and cost, healthy lives and equity. Wisconsin ranked in the top or second quartile in 35 of the 44 measures that were used in the ranking.

Using the most recent data available, the Scorecard also ranked 306 regional health care markets known as "hospital referral regions" on four main dimensions of performance encompassing 36 measures. There are five measures of hospital care and a mix that includes nursing home, ambulatory and population health.

(continued on page 7)

Legislators Introduce Bills to Improve Access and Quality in Rural Wisconsin

WHA applauds initiatives aimed at bolstering health care, wellness in rural communities

A group of bipartisan state lawmakers released four legislative proposals March 15 aimed at improving both access to and the quality of health care in rural Wisconsin. The bills seek to fund training consortia for allied health professionals, including surgical technicians, physical therapists and certified nursing assistants; clinical training programs for advanced practice clinicians, such as physician assistants and advanced practice nurses; wellness programs in rural areas affiliated with hospitals and health systems, and WHA quality improvement initiatives in rural communities.

"Rural Wisconsin needs to maintain and grow its health care workforce," said Rep. Romaine Quinn (R-Rice Lake). "These bills will help ensure that people in rural areas continue to receive the high-quality care for which Wisconsin is known."

(continued on page 2)

New Legislator Profile:

Rep. David Crowley (D-Milwaukee)

A series of interviews with newly elected legislators, by Mary Kay Grasmick, editor

Rep. David Crowley

Rep. David Crowley believes Wisconsin should do everything possible to improve Medicaid rates.

"There are dark clouds looming with the ACA and Medicaid block grants, but I think it is important to invest in Medicaid and do everything to bring money from the federal government," Crowley said. "This state is getting older. I am fearful about block grants, and our taxes could soar. We need to increase Medicaid payments, but we also need to make sure we do something to raise the amount of money in the disproportionate share hospital (DSH) program."

Crowley said it is extremely important that hospitals are "not on the losing end of this."

"If we want people to thrive in these communities, we need to do everything we can to support them and raise the rates to hospitals," he added.

(continued on page 8)

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Continued from page 1 . . . Legislators Introduce Bills to Improve Access and Quality in Rural Wisconsin

More than 1.5 million people live in rural areas of Wisconsin. The initiative recognizes the importance of ensuring Wisconsin's rural residents have access to high-quality health care and wellness programs, while addressing the need for attracting and retaining an adequate workforce to deliver care in these regions.

"There is no doubt that rural areas of our state face unique challenges as they strive to deliver high-quality, accessible health care through highly skilled professionals," according to WHA President/CEO Eric Borgerding. "Health care is a key factor in economic development, but it is critically important for rural areas. This package of initiatives is a well thought out and targeted approach to help hospitals and health systems in rural areas receive the support they need to continue delivering the high-quality care that has gained us a national reputation."

Borgerding said WHA applauds the efforts of the legislators who advanced this set of proposals, which have the full support of WHA and its members across the state.

"Wisconsin is proud of its rural heritage, and it is important that we are promoting and encouraging workforce training programs that encourage health care professionals to experience rural Wisconsin," Borgerding said. "It is reassuring that our state legislators are stepping up with a set of specific proposals for rural regions of the state that will provide additional training, wellness and quality improvement options for our residents in rural Wisconsin."

For more information about the Rural Wisconsin Initiative, visit www.RuralWisconsinInitiative.com.

CBO Scores American Health Care Act Proposal

Projects 24 million more uninsured by 2026, $880 billion reduction in federal Medicaid funding

On March 13, the Congressional Budget Office (CBO) released its cost estimate of the American Health Care Act proposal, which was reported here (www.wha.org/pubarchive/valued_voice/WHA-Newsletter-3-10-2017.htm#1) last week. Similar to the role of Wisconsin's Legislative Fiscal Bureau, the CBO is a nonpartisan entity providing budget analyses for Congress. Their latest report underscores several concerns about the proposed legislation.

CBO estimates that the bill would reduce federal deficits by $337 billion over the 2017 to 2026 time period. These reductions would largely result from reductions in federal expenditures for subsidies in the individual insurance market and in Medicaid. The CBO also estimates in 2018 an additional 14 million people nationwide will be uninsured, rising to 24 million in 2026. The increase in uninsured will also stem primarily from changes in the individual insurance (non-group) market and reductions in Medicaid.

With respect to the non-group market, the bill changes the current refundable tax credits for purchasing insurance. Instead of basing the credits on income, the new credits would be based on age and would range from $2,000 to $4,000, indexed for inflation. The bill also would change the age rating rules for the pricing of insurance. According to the CBO, the resulting premiums would differ significantly for people of different ages, so younger adults would see reductions in premiums and older people would see large premium increases.

The CBO analysis includes several examples of how these changes might impact a person's ability to afford insurance coverage, concluding that people between ages 50-64 years old with income less than twice the poverty level would make up a larger share of the uninsured under the bill.

When applying the CBO examples to Wisconsin, WHA finds that even with lower premiums, the amount lower income young adults might have to pay for their premium could double because the tax credit would be lower. Further, although older individuals would get the highest tax credit—$4,000—that credit could fall far short of making coverage affordable. A low-income 60-year old in Wisconsin, for example, could still face premiums of $10,000 or more. ***(continued on page 3)***

Continued from page 2 . . . CBO Scores American Health Care Act Proposal

The overall impact in Wisconsin could be greater compared to other states since Wisconsin relied on affordable coverage in the insurance exchange to help reduce its uninsured rate. As a percentage of overall exchange enrollment, Wisconsin and other non-expansion states have more low income people with income below 150 percent FPL receiving coverage through the exchange compared to other expansion states. Further, the percentage of exchange enrollees who are age 55-64 is higher in Wisconsin compared to the national average.

With respect to Medicaid, the legislation would change Medicaid funding to a per capita allotment. The CBO projects that federal funding for Medicaid would be reduced by $880 billion from 2017 through 2026. Of particular concern is that CBO estimates growth in Medicaid costs for states will average 4.4 percent per year, while federal contributions will grow at just 3.7 percent, putting greater burden and risk on state budgets and on providers of care.

A continuing issue for Medicaid is how states are funded now and into the future, given that some states chose to expand their programs under the ACA's Medicaid expansion rules and received higher federal funding for doing so. Wisconsin instead chose its own model of coverage—a "partial expansion"—adding about 130,000 childless adults to its program, without receiving enhanced federal funding. Wisconsin is one of 19 states that did not take the expansion as defined by the ACA and the previous Administration.

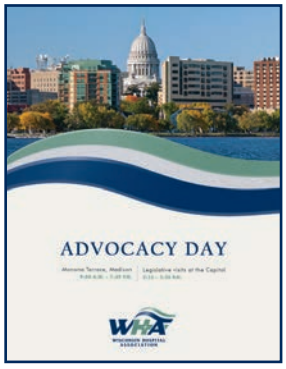
Under the bill expansion, states would continue to receive their enhanced federal funding through 2020. Non-expansion states, like Wisconsin, would receive a portion of a new "safety net funding pool" based on their share of the population with income below 138 percent FPL. In creating this pool, the bill seems to acknowledge the inequities between expansion and non-expansion states. However, WHA estimates that under the bill Wisconsin could be eligible for about $70 million in the new safety net funding pool. However, if Wisconsin's partial expansion is counted on par with expansion states, Wisconsin would be getting about $250 million.

The legislation would make several other changes to the insurance markets, such as removing the individual and employer mandates for coverage. In place of the individual mandate, insurers would be required to apply a 30 percent surcharge on premiums for people who have been uninsured for more than 63 days within the past year. The other significant provision is that insurers could lower the "actuarial value" of health plans. The CBO estimates this would result in higher cost-sharing payments – copayments and deductibles.

WHA is continuing to analyze the proposal and the CBO report and will be working with our delegation over the coming weeks. On March 16, the House Budget Committee advanced the bill. The full House is expected to vote March 23.

WHA Advocacy Day Registrations Top 600

Early bird drawing winners are…



Registrations for the Wisconsin Hospital Association's annual powerhouse event, Advocacy Day, have surged past 600 with over a month to go before April 19. Make sure you and your hospital teams are registered for this event at: www.cvent.com/d/svqylc.

Advocacy Day's morning keynote is Amy Walter who is known as one of the best political journalists covering Washington, D.C. She is national editor of the *Cook Political Report* and the former political director of ABC News. Over the past 14 years, Walter has built a reputation as an accurate, objective and insightful political analyst. She is a regular panelist on NBC's *Meet The Press*, PBS' *Washington Week*, and Fox News' *Special Report with Bret Bair*. She also provides political analysis every Monday evening for the *PBS NewsHour*. The day's luncheon keynote will be Gov. Scott Walker, and a legislator panel discussion will round out the morning sessions.

(continued on page 4)

Continued from page 3 . . . WHA Advocacy Day Registrations Top 600

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 and provides an issues briefing at Advocacy Day. Additionally, WHA will host an optional pre-event webinar on these legislative visits. That webinar will take place at 9:00 a.m. April 11.

You may also remember our fun "early bird" drawing where anyone registering before March 17 would be entered for a chance to win. Our five winners are:

- Cindy Werkheiser, Monroe Clinic
- Jessica Hughes, Children's Hospital of Wisconsin
- Craig Dreikosen, UnityPoint - Meriter
- Mickey Wilson, Children's Hospital of Wisconsin
- Louise Crass, Froedtert & Medical College of Wisconsin - St. Joseph's Hospital

Watch for your gifts in the mail!

We expect over 1,000 attendees on April 19, and there's still plenty of time to register. Log on today to: www.cvent.com/d/svqylc. For Advocacy Day questions, contact Jenny Boese at 608-268-1816 or *jboese*@*wha.org*. For registration questions, contact Kayla Chatterton at *kchatterton*@*wha.org* or 608-274-1820.

PDMP Intent and Compliance Discussed by State Boards

Follows WHA Physician Leaders Council call for additional regulatory clarity

The Controlled Substances Board met on short notice March 13 to review and discuss the need for additional clarity on its intent regarding enforcement of the upcoming April 1 requirement created in 2015 Act 266 for a prescriber to review Prescription Drug Monitoring Program (PDMP) records before prescribing certain controlled substances. Under statute, the Controlled Substances Board has rulemaking authority over the PDMP.

Department of Safety and Professional Services (DSPS) staff to the Controlled Substances Board said the meeting was called to address concerns raised by health systems and others seeking clarification regarding the Board's role. Tim Westlake, MD, chair of the Controlled Substances Board and vice chair of the Medical Examining Board, said there are some real and significant questions and concerns being raised regarding technical compliance.

"We don't want systems implementing procedures that get in the way of patient care and don't add benefit," said Westlake. He further said he believed the Controlled Substances Board would be wise to recognize these issues and use some discretion in its enforcement of the PDMP mandate.

To help provide some clarity to practitioners, the Controlled Substances Board adopted the following resolution: "The Board, with the assistance of the Department, recognizes that the priority will be to continue promoting, educating and training practitioners about the benefits of the PDMP and the requirements in 2015 Act 266 regarding a practitioner's review of PDMP data. Further, the Board recognizes it has discretion in its authority for non-compliance of its rules that implement 2015 Act 266 to refer non-compliant practitioners to the regulatory authority that regulates the profession of the non-compliant practitioner."

DSPS staff also shared with the Controlled Substances Board that Rep. John Nygren is drafting a letter regarding the legislative intent regarding the PDMP mandate that staff believed would further help give clarity to prescribers. Staff indicated the letter has not yet been finalized, but the Controlled Substances Board discussed and made a motion that the letter should be posted on the ePDMP website for prescribers to see when it is received by DSPS. ***(continued on page 5)***

Continued from page 4 . . . PDMP Intent and Compliance Discussed by State Boards

These actions follow a letter sent by the WHA Physician Leaders Council to the Medical Examining Board (MEB) asking for it to consider providing additional clarity to physicians regarding the MEB's intent regarding physician discipline and the upcoming PDMP prescriber mandate. As reported in the March 10 edition of *The Valued Voice* (www.wha.org/pubarchive/valued_voice/WHA-Newsletter-3-10-2017.htm#2), the letter signed by the chair of the WHA Physician Leaders Council, Steve Kulick, MD, chief medical officer, ProHealth Care, was the result of discussions at the March 2 WHA Physician Leaders Council meeting. A copy of the letter can be found at: www.wha.org/pdf/WHALettertoMEB3-9-17.pdf.

"It is clear that physicians across the state have many questions regarding multiple technical compliance questions regarding the new PDMP mandate and how the Medical Examining Board will be approaching physician discipline related to the April 1 mandate," wrote Kulick. "By articulating a clear and common sense approach that aligns with the intent of the PDMP prescriber mandate, the Medical Examining Board can help physicians focus on the benefits of the PDMP and remove technical compliance concerns of physicians intending to make good faith use of the PDMP tool."

The Medical Examining Board also discussed the PDMP mandate at its March 15 meeting, and its members had a similar discussion as the Controlled Substances Board regarding interpreting the statutory mandate and technical compliance. Consistent with the February Medical Examining Board meeting and the Controlled Substances Board resolution, individual members indicated that their intent is to focus on advancing use of the PDMP by physicians and not to focus on "technical" compliance with the statute. One apparent difficulty the Medical Examining Board faces is a "catch-22" where the Board is being advised that it is not authorized to generally comment on what review is under the statutory mandate.

New and Seasoned Physician Leaders Find WHA Conference Valuable

Seventy different hospitals, health systems and physician groups were represented at the 12th annual WHA Physician Leadership Development Conference, which was held March 10-11 in Kohler. This year's event drew nearly 150 physician leaders at various stages of their own leadership development, as well as nearly 40 hospital leaders.

Each year, a growing number of physician and hospital leaders use WHA's annual Physician Leadership Development Conference as one tool to help new and seasoned physician leaders bridge the gap between their traditional clinical training and the new approaches to decision-making and problem-solving they need to consider in their leadership roles.

According to WHA Chief Medical Officer Chuck Shabino, MD, physician and hospital leaders alike find great value in participating in the conference.

"The Physician Leadership Development Conference continues to provide a unique opportunity for physician leaders to enhance their skills and network and learn from other colleagues in attendance," according to Shabino. "The value of the conference is evident in the number of 'conference alumni' who attend year after year; and, this year, we may have had the most alumni in attendance yet."

The 2018 event is scheduled March 9-10 at The American Club in Kohler. Mark your calendar, share this date with your medical staff, and encourage your new and potential physician leaders to consider attending as part of your team.

WHA Physician Academy Helps Build Quality Improvement Foundation

WHA Physician Quality Academy – registration now open

Physicians are often assigned a role with a hospital or health system's quality department or committee, or they are asked to lead a quality improvement project. Knowledge about quality improvement tools and principles can increase the likelihood that a physician will be more successful in and comfortable with his/her leadership role.

The WHA Physician Quality Academy is available to member hospitals to ensure that their physicians have access to the training and resources necessary to lead quality improvement initiatives. The Academy offers two non-consecutive days of in-person training and access to supporting resources both between and after the live sessions. Participants will learn to design and conduct quality improvement projects utilizing proven improvement models; interpret data correctly; facilitate physician colleague engagement in quality improvement and measurement; and, discuss quality requirements, medical staff functions and their link to quality improvement.

The Academy is offered twice in 2017, which will allow a physician to choose the cohort that works best for his/her schedule: Cohort #1 will be held May 10 and July 21; and Cohort #2 will be September 29 and November 3. Attendance is limited to the first 100 registrants per cohort, so register your physicians today at www.cvent.com/d/wvq5nm.

WHA Member Directory Now Posted on "Members Only" Portal at WHA.org

WHA portal also holds hospital-specific quality and finance reports, data analysis

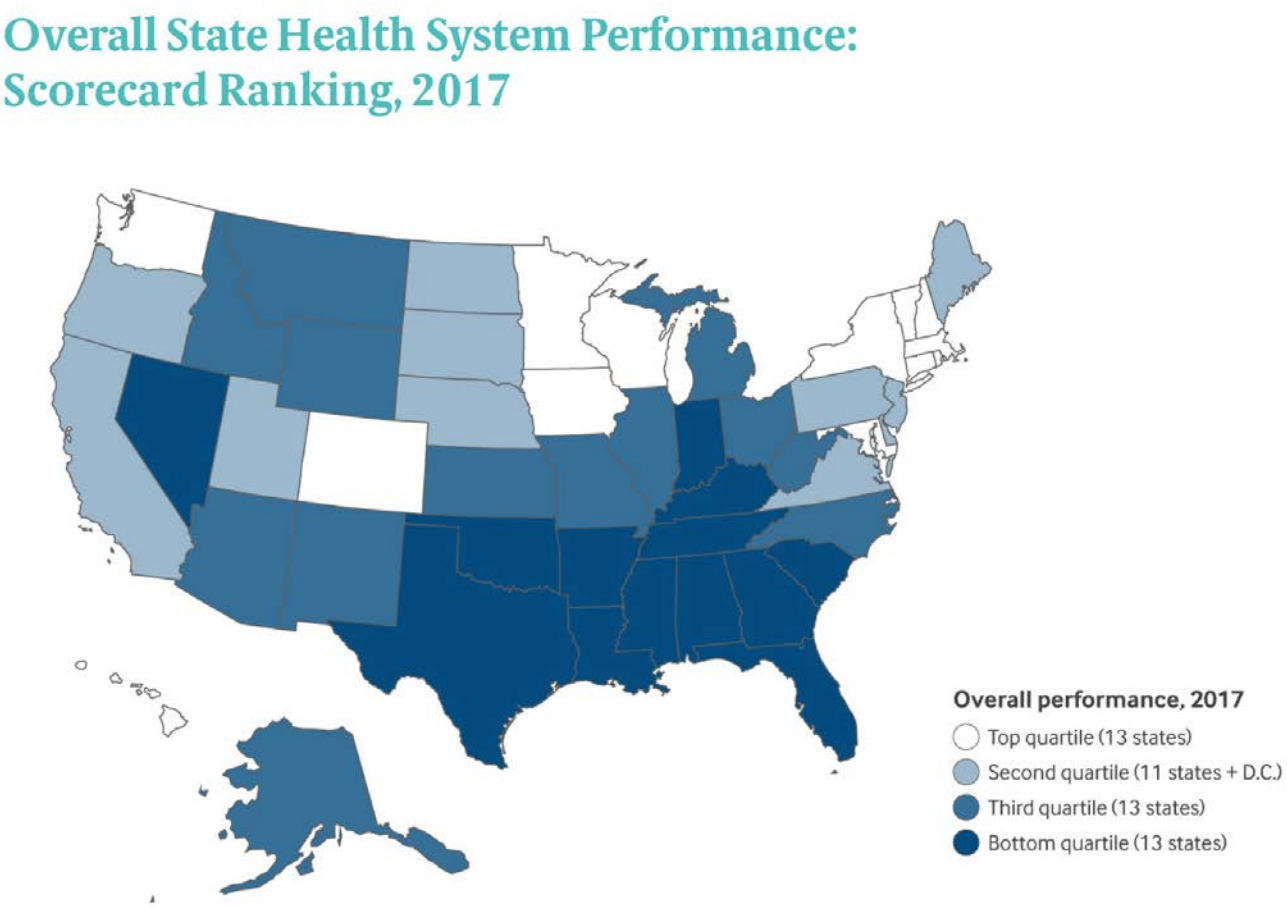
The WHA 2017 Membership Directory that was mailed to senior leaders at WHA member hospitals and health systems February 28 is now available online in the WHA members-only portal. The directory provides a list of key contacts at every WHA member hospital or health system and WHA committee and task force rosters. WHA's 75 corporate members' contact information is also in the directory. The directory can be found under the "General" tab in the portal.

The members-only portal also contains a number of hospital-specific customized reports in the areas of finance and quality. These reports are updated regularly and are useful in understanding hospital-specific Medicare PPS rule change impacts, Medicare value-based purchasing results and quality metric trends.

If you do not have a member account in the WHA members-only portal, go to members.wha.org and click on "Register" to create an account. If you have questions about how to register, contact Tammy Hribar at *thribar*@*wha.org* or 608-274-1820.

The WHA members only section can be accessed at any time by clicking on the Data navigation tab at WHA.org, then click the "Members Only" icon.

Continued from page 1 . . . Commonwealth Ranks Wisconsin Health System Performance 11th Best in Nation



Source: D. C. Radley, D. McCarthy, and S. L. Hayes, *Aiming Higher: Results from the Commonwealth Fund Scorecard on State Health System Performance 2017 Edition,* The Commonwealth Fund, March 2017.

Appleton ranked 5th highest in the nation among the 306 U.S. communities included in the report, with Madison (13th), La Crosse (15th) and Green Bay (19th) scoring in the top quintile. Wausau, Neenah, Marshfield and Milwaukee ranked in the top quartile. Milwaukee topped more than 231 health care markets across the country.

"Wisconsin's outstanding performance on this scorecard is not a surprise given the clinical excellence of the health care professionals working within our health systems," said WHA President/CEO Eric Borgerding, "Our strong performance is bolstered by the high degree of care integration in our state and the continuing commitment of our hospitals, health systems and care providers to quality improvement."

Wisconsin hospitals and health systems are closely aligned with physicians, long-term care facilities, home health and often health plans to ensure that care is coordinated across settings. This leads to not just better quality care, but better outcomes and ultimately better value for the dollars spent on health care, according to Borgerding.

Readmissions continue to decrease in Wisconsin, one of the measures that was included in the Commonwealth report.

"Our hospitals and health systems continue to make progress in reducing readmissions, which aligns to the work that WHA has been doing with members over the past four years through our own project," according to Kelly Court, WHA chief quality officer. "This year we joined Illinois and Michigan to form the Great Lakes Partners for Patients collaborative to extend our learning network and ability to collaborate

(continued on page 8)

Cont'd. from page 7 . . . Commonwealth Ranks WI Health System Performance 11th Best in Nation

with hundreds of hospitals and health systems in three states. We believe that collaboration is the best way to speed the adoption of best practices and improve patient care."

The report noted that the most pervasive improvements in health system performance occurred where policymakers and health system leaders created programs, incentives, or collaborations to ensure access to care and improve the quality and efficiency of care.

"Every hospital and health system in the state is collaborating with community partners to raise the health status of Wisconsin's residents, which in turn will help moderate increases in health care costs," Borgerding said. "Wisconsin providers are moving forward and not waiting for changes in the reimbursement system that recognize and pay for prevention, They are helping people now to stay well and avoid encounters with the health care system, which will create heathier communities that will attract economic development in our state, as well."

Continued from page 1 . . . New Legislator Profile: Rep. David Crowley (D-Milwaukee)

Crowley is passionate about his community, and he is a proud and committed supporter of his constituents. He credits his family and community for inspiring him to pursue public office. But his knowledge of the issues in his district, located on the northwest side of Milwaukee, were learned growing up the inner city. It also served as his inspiration and drive to advocate for the people of the community to assure them they have a voice in Madison.

"This community saved my life. When I was 17 years old, I was introduced to 'Urban Underground,' and I learned about the issues facing Milwaukee's youth," Crowley said. "I never understood the social and economic barriers people face when they want to go to college. That organization showed me I can be a product of my environment, but I can choose the type of person that I want to be."

Crowley defines "health" more broadly than most. "It is extremely important to rebuilding a community to look at physical health, but it goes deeper. It is a job and education," according to Crowley. "The way the hospitals are involved, the level of customer service you give is phenomenal. These are people who care for you. You are hiring navigators who are going out to the underserved communities and talking to them about health and how to find employment. It creates a healthier community and economy and reduces the cost the state has to pay."

"Hospitals are not just caring for those who are sick, but they are caring for those who need to feel empowered," he added. "We need to make sure that we keep the hospitals that are serving the most underserved populations—the poorest of the poor. That is why it is incredibly important that we put more money into DSH to make sure we don't hurt those hospitals that are being good stewards."

Crowley said he strongly supports the Milwaukee Health Care Partnership and health systems that have adopted unique "Transition in Care" programs that help coordinate care for Medicaid patients. Unfortunately, Medicaid does not recognize this role for providers and does not provide payment to providers for conducting these activities.

"If this will reduce Medicaid costs, it is extremely important because a small population can incur a majority of the costs," he said. "We need to make sure we can reduce the costs and make the dollars available to more people who need services."

Crowley believes that protecting access to health care creates a pathway to a more prosperous future. "It is important that elected officials understand that health is wealth. If you want to be successful and move forward, you have to invest in health," according to Crowley. "These are jobs that can't be sent overseas. We need to invest in people here. It presents an opportunity to invest in new technology and to meet people's health care needs. It is not about putting more in hospitals' pockets, but it is about continuing to have the quality of care we have already and ensure that everyone has access to the same quality of care and coverage."