WHA Hails Governor Signing Hospital Regulatory Reform Bill into Law

Governor Scott Walker’s 2013 Wisconsin Regulatory Review Report noted the need to update the state regulations for hospitals, DHS 124, recognizing the rule as “outdated, duplicative, and confusing for health care operators.” On April 8, 15 months after the release of his report, Gov. Walker signed into law SB 560, a bill that will modernize Wisconsin’s hospital regulations. (continued on page 5)

WHA Praises Governor for Signing Mental Health Care Coordination Bill

On April 8, WHA praised Governor Scott Walker for signing AB 453—the Mental Health Care Coordination Bill—a bill that removes statutory obstacles to providing integrated and coordinated care to individuals with mental illness. (continued on page 2)

New Legislator Profile:
Rep. Daniel Riemer (D-Milwaukee)

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

Reimer: Health care “as important to the infrastructure of our state as transportation”

Health care is an integral part of the state’s infrastructure and a key factor in Wisconsin’s ability to attract new industry, a point that Rep. Daniel Riemer (D-Milwaukee) drove home in a recent interview.

“I think health care is a vital part of the economy. It is as important to the infrastructure of our state as transportation,” Riemer said. “We want our residents to have access to a good education, make smart decisions about their health care, and have access to physicians so they don’t miss work or work less productively. Health care is an important part of what we do in this state, and it touches every part of the economy.”

Riemer believes it is important to address workforce shortages, especially in rural and urban areas (continued on page 8)
Governor Scott Walker attended the Statewide Value Committee (SVC) meeting April 8 in Madison to discuss improving health care in Wisconsin. The SVC gathers data and creates consensus on measures to make health care sound and functional for providers, purchasers, employers, and payers. At the meeting, Governor Walker outlined his priorities for health care and his recommendations moving into the future.

“The Statewide Value Committee has worked diligently to gather input from all parties and has developed the basis for the Wisconsin Health Report Card,” Gov. Walker said. “Wisconsin consumers will benefit greatly from knowing more about the quality and cost measures relating to their health care. I look forward to continuing the discussion on how to improve health care in Wisconsin.”

SVC member Wisconsin Hospital Association President Steve Brenton said the Governor’s support is significant to the success of the initiative.

“Gov. Walker’s support for the Statewide Value Committee’s goal of improving Wisconsin’s already impressive track record on health care quality and efficiency is important,” said Brenton. “The commitment will further align providers, purchasers, payers and government around innovative private sector-led initiatives that can lower costs, improve population health and make health care an economic advantage for Wisconsin employers.”

Founded in November 2011, the SVC works to assist in accelerating the improvement of the health care system and unification of reporting measures to the public. The Committee works closely with representatives from the Department of Health Services, Wisconsin’s Medicaid program, and the Wisconsin Department of Employee Trust Funds to maximize effectiveness and efficiencies. The collaborative efforts of these and many other groups will remain important as the state strives to deliver efficient health care.
Guest Column

Workers’ Comp Bill Fatally Flawed
By Eric Borgerding, Executive Vice President, Wisconsin Hospital Association

In “Workers’ comp must be fixed” in the March 17 edition of The Daily Reporter, Jerry Deschane chalked up the failure to pass a workers’ compensation bill this year to the Legislature’s penchant for play-it-safe politics.

But the notion that the Legislature, for the first time since World War II, rejected a workers’ compensation bill for political expediency gives short shrift to the fact that it was a deeply flawed piece of legislation. Indeed, the so-called “agreed to” and typically rubber-stamped bill contained a self-prescribed poison pill, medical price controls, that proved fatal.

As Deschane wrote, Wisconsin’s “fine-tuned” workers’ compensation system offers insurance that is “relatively affordable and hassle-free in comparison to other states.” He emphasized that the system is one of Wisconsin’s economic assets. We agree.

In Wisconsin, the facts tell a clear story. Injured workers receive higher quality health care for lower-than-average treatment costs, even lower than many states with price controls, from our hospitals and health systems.

That high-value care results in Wisconsin workers getting healthy and returning to work a dramatic three weeks faster than in the average state. Further, annual growth in Wisconsin workers’ compensation medical payments dropped to three percent in 2012, while overall workers’ compensation insurance premiums have increased a grand total of .65 percent since 2009, or about .13 percent per year.

Higher quality care, more productive workers, decreasing medical spending and stable premiums mean real value and a real advantage for Wisconsin’s employees and employers. However, data also shows Wisconsin has a lot of injured workers. But price controls won’t change that.

Health care providers can’t control how many are injured on the job, but our doctors and nurses in emergency rooms deliver some of the best care in the country. And injured workers in Wisconsin appreciate the excellent care they receive, reporting higher levels of satisfaction and, thus, lower litigation rates than in other states. That is good for Wisconsin employees and a real savings for our employers.

Instead of working with all stakeholders to find a solution that capitalizes on Wisconsin’s superior health system, some chose instead to go all in on price controls and tried to muscle them through a Legislature that is, to its great credit, disinclined toward worn out, big government solutions. That strategy didn’t work.

There are countless examples of Wisconsin’s hospitals and health systems working with employers, our best partners, to improve employee health and control costs. The employer/provider partnership in Wisconsin is a national model, a relationship the Wisconsin Hospital Association and our members believe is essential, and we put a high priority on building that relationship.

Let’s have the same approach when it comes to improving workers’ compensation.

This article was published as an op-ed in The Daily Reporter, Milwaukee, on April 4, 2014 at: http://dailyreporter.com/2014/04/04/guest-commentary-workers-comp-bill-fatally-flawed/

Deschane’s article can be found at: http://dailyreporter.com/2014/03/14/lawmakers-must-fix-workers-comp/
Governor Scott Walker attended a celebration April 9 in recognition of the Medical College of Wisconsin (MCW) expansion, which will improve the lives of people living in rural and underserved urban areas throughout the state by improving access to health care and addressing an impending physician shortage. MCW is expanding into Green Bay and central Wisconsin.

“The Medical College of Wisconsin has done an excellent job providing Wisconsin with some of the best physicians and biomedical scientists,” Gov. Walker said. “I look forward to the successes they will have on their new campuses. Wisconsin has a growing need for physicians, and I thank them for taking the initiative to address the health care needs of the state now and in the future.”

The Medical College of Wisconsin announced expansion plans following a comprehensive study by the Wisconsin Hospital Association, and other national studies, which found a serious physician shortage. WHA identified a need for at least 100 new Wisconsin physicians annually to avoid a projected shortfall of 2,000 physicians by 2030. (See the WHA report at www.wha.org/Data/Sites/1/pubarchive/reports/2011physicianreport.pdf.)

“WHA and our members commend John Raymond and his top-notch team at the Medical College of Wisconsin for not only hearing the needs of Wisconsin’s hospitals and health systems, but taking decisive and innovative action in response,” said WHA President Steve Brenton. “MCW has been a terrific partner with WHA, and we are committed to helping them achieve this new approach and vision for Wisconsin-focused medical education.”

In his 2013-15 state budget, Gov. Walker outlined a bold vision to help the medical community enhance and transform the state’s medical education infrastructure. Governor Walker’s comprehensive package of investments includes $7.4 million to support new MCW campuses in Green Bay and central Wisconsin, resources for the expansion of family medicine residency programs in southeast Wisconsin, and funding for the expansion of graduate medical education, including creation of much needed new Wisconsin residency slots and programs to help address the urgent need for primary health care in rural areas throughout the state.

Mary Ellen Stanek, MCW Board trustee, presented Gov. Walker with the inaugural “Hands of Humanity” award in recognition of his “transformative vision and leadership for health care in Wisconsin.”

“We applaud the Governor for his vision to help develop a comprehensive physician workforce pipeline, especially in those regions of our state where the needs are the greatest,” Stanek said. “Without the Governor’s leadership on these investments, we would not be here tonight celebrating our commitment to physician education in northeast Wisconsin.”

The Medical College of Wisconsin will welcome its first class of medical students to the Green Bay campus in July 2015. The central Wisconsin location is projected to be complete in 2016. MCW-Green Bay students will complete their 130 weeks of medical school in three years, instead of four, and will receive their entire education in Green Bay.

The Wisconsin Hospital Association found that students who complete their medical education and residency in Wisconsin are 86 percent more likely to stay in the state to practice medicine.
Advocacy Day Registrations Continue Toward 800

Last call for registrations

Advocacy Day 2014 is right around the corner on April 16 at the Monona Terrace in Madison. Over 750 individuals are registered already, but there are still a few days left to help us reach 800. Register today at http://events.SignUp4.net/14AdvocacyDay0416.

Advocacy Day will have a great line-up of speakers, including morning keynote and nationally-known pollster Larry Sabato, professor of politics and director of the University of Virginia’s Center for Politics (www.centerforpolitics.org). Sabato will bring to Wisconsin his polling expertise regarding the important upcoming 2014 elections. Governor Scott Walker is confirmed as the luncheon keynote.

The morning sessions also include the popular bipartisan legislative panel with Sen. Darling and Lassa and Rep. Nygren and Mason. Attendees then head to the State Capitol to meet with their legislators or legislative staff on issues that will impact hospitals into the future.

If you have yet to register, please do so right away. A brochure and registration information are available online at: http://events.SignUp4.net/14AdvocacyDay0416. For Advocacy Day questions, contact Jenny Boese at 608-268-1816 or jboese@wha.org.

Governor Walker Signs Apology Legislation

Bill signed into law as 2013 Act 242

At a bill signing ceremony in the state capitol April 8, Governor Scott Walker signed Assembly Bill 120 into law. The bill, which passed the State Senate with bipartisan support, provides that a statement, gesture, or conduct that expresses apology, benevolence, compassion, condolence, fault, liability, remorse, responsibility, or sympathy to a patient or the patient’s relative or representative would not be admissible into evidence in a civil action, administrative hearing, disciplinary proceeding, mediation, or arbitration regarding the health care provider as evidence of liability or admission against interest. Walker signed Assembly Bill 120 into law as 2013 Act 242.

Charles Shabino, MD, chief medical officer at WHA, said the bill “would encourage open conversation among providers, patients, and the patients’ families.” In March, Shabino provided testimony to the Senate Committee on Health and Human Services that said “statements of concern by providers involved in patient care can allow the patient, family, and provider to move toward solution and resolution. These positive outcomes are more difficult to achieve when there are barriers to good communication.”


Continued from page 1 . . . WHA Hails Gov. Signing Hospital Regulatory Reform Bill into Law

Hospitals and health systems across the state applauded the new law, which will synchronize the State’s hospital regulations with existing federal rules. For years, hospitals have had to comply with inconsistent state and federal rules, making compliance confusing and inefficient.

“High value health care is a hallmark of Wisconsin. It is an exciting time as we move toward not only more efficient and effective care, but also more sensible regulation that better enables that care. This really is a positive step that will keep Wisconsin health care moving down the right path and ahead of the curve,” said WHA Executive Vice President Eric Borgerding.

WHA hailed the two Health Committees for their support and acknowledged the dedicated efforts of the bills’ authors—Rep. Howard Marklein and Sen. Leah Vukmir—for their leadership and commitment to reform Wisconsin’s hospital regulatory system.
The 100,000 Lives Campaign, a nationwide initiative launched by the Institute for Healthcare Improvement (IHI) to significantly reduce morbidity and mortality in American health care, was the inspiration for Wheaton Franciscan Healthcare-St. Francis to develop and implement a Medical Response Team (MRT) in 2005. It is a process for early intervention by an ICU RN and a respiratory therapist if a patient’s condition changes. Any caregiver can page the MRT if they feel concerned about a medical condition and would like additional input or assistance. This team proactively responds to “gut feelings” with great results.

Wheaton Franciscan Healthcare-St. Francis’s goals for the MRT project were to increase staff knowledge of early intervention for unstable patients on the units, to facilitate timely intervention for unstable patients and to avoid unnecessary transfers to the ICU. It also helped to develop strong communication and collaborative efforts between the ICU and other inpatient units.

Their key interventions were developing a process where the MRT RN would not have a patient care assignment in addition to MRT responsibilities and partnering with physicians to create an order set that could be utilized by the team for rapid intervention. This partnership enabled the team to have full support of the physicians and made the order set implementation go smoothly. The team also utilized an existing emergency number and a paging system so that it was easy for nurses to call and activate the MRT and promoted the process with a poster campaign. In addition, they created a process for MRT to follow up on all calls within at least eight hours and to continue follow-up until the MRT RN feels the patient’s condition is stable.

In 2011, Wheaton Franciscan Healthcare-St. Francis expanded their rapid response process to include patient-initiated medical response. Any patient or family member can call the MRT RN directly if they feel their concerns about a medical condition are not being heard.

Over the years, other process improvements have included rounding on all patients transferred out of the ICU and proactive rounding on inpatient units by the MRT RN, who inquires about and visits any patients that unit nurses are concerned about.

Wheaton Franciscan Healthcare – St. Francis has also incorporated the MRT RN role into their stroke program and inpatient STEMI protocol. STEMI stands for ST-Elevation Myocardial Infarction and is the most dangerous type of heart attack involving a sudden blockage of one of the three coronary arteries that supply blood to the heart.

The team attributes its success to the increased staff education and awareness regarding early intervention. They continue to monitor and share findings during monthly team meetings, audits, and staff meetings.
CMS Releases New FAQs on Meaningful Use and Patient Portals

On April 4, CMS posted a number of new and updated FAQs about the EHR incentive programs, including new FAQs addressing helping patients access a patient portal prior to discharge. For purposes of the meaningful use measure of the number of patients that use an online patient portal, FAQ 9824 indicates that a hospital may count patients who access their information on or before the hospital discharge. FAQ 9824 can be found at: https://questions.cms.gov/faq.php?faqId=9824.


WHA Education: Health Care Administrative Professionals Conference, May 13

WHA’s annual one-day conference for hospital executive assistants and other administrative support staff will be held May 13 at the Tundra Lodge Conference Center in Green Bay.

This year’s conference will focus on providing administrative support staff with specific tools and techniques to stay organized while assisting multiple bosses, departments and projects. Attendees will leave with proven methods to stay organized, avoid distractions, set boundaries and communicate effectively with multiple people and departments. The afternoon session will focus on maximizing specific features of Microsoft Office programs that will increase organization and productivity when supporting multiple people.

This program is designed for executive and administrative assistants, business office managers, and other support staff in hospitals and other health care settings. A brochure is included in this week’s packet. Online registration is available at http://events.SignUp4.net/14Admin.

Please pass the brochure on to the valued administrative support professionals throughout your organization. For registration questions, contact Sherry Collins at 608-274-1820 or scollins@wha.org.

Fast Facts from the WHA Information Center

April is “March for Babies” Month
Sponsored by the March of Dimes

In 2012, there were 64,374 births in Wisconsin hospitals. Of those births, 5,017 babies were premature (7.79%).* According to the Centers for Disease Control and Prevention (CDC), nearly 500,000 babies are born in the U.S. too soon each year, or 12.5%. It is the goal of the March of Dimes to reduce the nation’s preterm birth rate to 9.6 percent or less by 2020.

According to data from the March of Dimes 2013 Wisconsin Premature Birth Report Card, some of the contributing factors to preterm birth rates are: uninsured women – 11.8 percent; late pre-term birth 7.5 percent; and, women who smoke – 24.1 percent.

* Data provided by the WHAIC (www.whainfocenter.com)
where the challenges to attract and retain workers are expected to increase over the next decade. He also feels there is still room to grow the physician workforce, especially in the area of primary care.

“Wisconsin is ahead of the curve on addressing the physician workforce issues, but there is still room to grow and build that infrastructure,” according to Riemer.

Other areas of the health care workforce are also on Riemer’s radar.

“As a state representative from Milwaukee, I know the health care workforce problems are a little less acute, but if there is a problem in another area of Wisconsin, it should be seen as a statewide problem,” Riemer said. “In the next legislative session, I would like to see some incentives to go into psychiatry and to work in rural areas to keep health care close to home so everyone has access to the world-class health care that is available in Wisconsin.”

While Riemer admits there is always “debate around the margins” on issues, including workforce, he has worked very hard to reach across the aisle and form bipartisan relationships.

“If you recognize your colleagues and treat them with respect, you find friends,” Riemer said. “In the short run, we will have battles and frustrations in the Legislature. But if you build a solid foundation, you can capture the best ideas for everyone and create the kinds of policies that will stand the test of time.”

Riemer supported Assembly Bill 728, which Gov. Walker just signed into law (See related story on page 1), which reformed Wisconsin’s antiquated hospital regulations.

“During testimony on AB 728, I heard testimony from architects who work in health care. You work in a field that is rapidly changing. You want best practices to be implemented, you want the best for patients, and you want hospitals’ physical architecture to make the most sense for the treatment and care of patients. We could see these regulations were not current, taking a 20th century set of rules and updating them for the 21st century,” according to Riemer. “This is a good example of the kind of innovation we want to see in the world of health and medicine and those who work in it. Government has to keep pace with those rapid changes.”

As a first-term legislator, Riemer said he appreciated the assistance of WHA and its members in helping him understand the complex issues that surround health care. He is drawn to health care for personal reasons, starting with his grandmother and his Aunt Alice who were both wartime nurses in World War II.

“There is a call to service—a duty—that is a thread among those who choose to work in health care,” Riemer said. “That is the truly inspiring part of this field, and it is my inspiration to do my small part to make everyone a little healthier.”