

May 30, 2014

Volume 58, Issue 22

WHA Lauds Grants That Help Create New Physician Training Programs ***Six Wisconsin hospitals will receive funding to create new medical residencies***

The news that six Wisconsin hospitals will receive grants to help them establish new residency training programs in their communities was well-received by the Wisconsin Hospital Association (WHA).

WHA praised the state grants program, which will provide \$3.3 million over the next three years to the six hospitals. The funds will be used by the hospitals to create new medical residencies for physicians to complete their training in rural or underserved areas of the state.

“WHA is extremely pleased to see six hospitals receive grants to help them provide this advanced training,” said WHA President Steve Brenton. “These hospitals are assuming a huge responsibility and committing a tremendous amount of human and financial capital to create the infrastructure necessary to educate and train new physicians for Wisconsin. The grants will boost these efforts by providing the support these organizations need to build much-needed new residency programs.”

Gov. Scott Walker included funding for the new residency programs in the 2013-2015 biennial budget—a move that was supported by research from, and strongly backed by, WHA.

A 2011 study by WHA, “100 New Physicians a Year: An Imperative for Wisconsin,” predicts the Badger State will face a shortage of 2,000 physicians by 2030 if steps are not taken to address the problem. According to the same study, new physicians are much more likely to practice in the area where they complete their residency, a finding that drove the funding initiative. *(continued on page 5)*

Wisconsin Well Woman Program Seeks Provider Input to Reform Program

The Wisconsin Department of Health Services (DHS) Division of Public Health is reaching out to providers, coordinators and enrollees in the Wisconsin Well Woman Program (WWWP) to gather feedback and input while the Division reforms the program. In December 2013, DHS proposed changing the current structure of the program, which depends on about 1,000 provider sites statewide, to a model that utilizes only health systems to deliver and coordinate screening services. The WWWP provides breast and cervical cancer screening to women in Wisconsin whose income is less than 250 percent of the Federal Poverty Line.

Earlier this year, WHA, along with several hospital members, met with DHS to discuss member concerns with the proposed plan. A few weeks after that meeting, DHS decided to delay implementation of this plan and establish a modified plan. Since then, DHS released a memo on March 21, 2014 (www.dhs.wisconsin.gov/womenshealth/wwwp/pdf_files/WWWPUpdate.pdf) stating that “stakeholders in the provider and coordinator communities have reached out to us with questions, concerns, and suggestions about how the proposed model would work. We have listened carefully and have modified our original proposal based on those concerns.” Under the modified proposal, DHS states that “Eligible providers will include health systems, federally qualified health centers, hospital outpatient clinics and rural health clinics. Providers will continue to offer the same screening, diagnostic and case management services they do in the current model.”

DHS has decided to continue current WWWP provider contracts through June 30, 2015, but expects to put a Request for Application out to the provider community in December 2014 to provide these screening

(continued on page 2)

Continued from page 1 . . . WI Well Woman Asking for Provider Input to Reform Program

services to WWWP participants starting April 1, 2015. The Department has indicated that their modified proposal would continue to maintain the current provider and coordinator roles that exist today.

As part of their communications plan for stakeholder feedback, DHS wanted the provider community to be aware of their new website and email address for comments and suggestions on moving forward with a new model. For updates on the Department's proposed plan, visit the following website: www.dhs.wisconsin.gov/womenshealth/wwwwp/model.htm.

Any member of the public, including the provider community, may submit comments to the Department via this email address: DHSWWWPinputonfuturemodel@dhs.wisconsin.gov.

WHA Webinar: Driving Health Outcomes by Improving Health Literacy

Patients and family members who are highly engaged in their care provide an advantage to the hospital team members who care for them. Engaged patients tend to recover more quickly and completely, are less likely to be readmitted and also tend to have better "health literacy," which is correlated to better overall health in the long term.

The WHA quality department has partnered with Health Literacy of Wisconsin to provide a complimentary webinar on June 11, featuring health literacy expert Paul Smith, MD, from the University of Wisconsin School of Medicine and Public Health. Smith will bring to light the opportunities that the health care world faces today to help patients better understand their care. He will also introduce several evidence-based strategies that can be used to improve oral and written communications in an effort to increase patient compliance and understanding.

Hospital staff who understand their health literacy opportunities for improvement will be able to provide better support to patients and families with poor health literacy, therefore improving their ability to become better health care consumers. This webinar will be held June 11 from 2:00-3:30 pm. There is no fee to participate, but pre-registration is required. To register, visit: <http://events.SignUp4.net/HealthOutcomes-HealthLiteracy0611>. Questions about webinar content can be directed to Tom Kaster at tkaster@wha.org. For registration questions, contact Sherry Collins at scollins@wha.org or 608-274-1820.

Court Rules Against "Orphan" Drugs in 340B Program

Rural hospitals will be negatively impacted

On May 23, a federal court ruled against allowing certain 340B hospitals, such as critical access hospitals, to purchase orphan drugs using the 340B drug discount program. This lawsuit was brought by the Pharmaceutical Research and Manufacturers of America (PhRMA) against the federal Department of Health and Human Services (HHS) after the HHS policy was finalized by federal rule in 2013. The HHS rule allowed certain hospitals (critical access, sole community providers, rural referral centers and free standing cancer hospitals) to purchase orphan drugs through the 340B program if they did not use the drugs for the treatment of conditions for which the orphan drug designation was given.

The American Hospital Association (AHA) filed an amicus brief in this lawsuit in favor of the HHS policy and expressed deep disappointment with the court's ruling.

"Denying rural and cancer hospitals access to 340B discounts on drugs that will not be used for a rare disease will lead to an inevitable result: the limited resources of those safety net hospitals will be stretched even further, and far more patients in the communities served by those hospitals will be adversely affected by reduced patient services and limited access to affordable drugs," AHA Executive Vice President Rick Pollack said.

The court ruling means the HHS rule is no longer in effect. WHA continues to monitor the issue and will provide additional information when it becomes available.

High Value Health Care—Wisconsin's Competitive Advantage

High quality, high value health care is a hallmark in Wisconsin. Hospital systems are improving quality, increasing efficiency and delivering value to employers and residents in their communities. Hospitals have been working with WHA in a focused initiative to improve quality.

Quality Efforts Sweep Wisconsin: Neillsville and Ladysmith Hospital Visits

As the WHA Partners for Patients Collaborative progresses into its third year, the WHA quality team has observed how participating hospitals started their improvement projects with small teams and have now grown to be hospital-wide efforts with sustained results. "Spread" among departments in a hospital and across the entire health care delivery system, is a characteristic of quality improvement in Wisconsin. It is what has boosted Wisconsin to the top of the list of states that can produce, and sustain, high-quality, high-value health care statewide.

In late April, Tom Kaster, WHA quality improvement advisor, visited two hospitals that have been active participants in Partners for Patients. Both reported excellent results, as Kaster explains below.

Memorial Medical Center (Neillsville)

The Memorial Medical Center quality team in Neillsville, led by Sarah Trunkel, has worked very hard on both the catheter-associated urinary tract infection (CAUTI) and readmission initiatives. Marilyn King has been instrumental in their CAUTI efforts. Early on, King did an excellent job of introducing the evidence-based practices and protocol to her emergency room staff. As things progressed, she excelled at creating progress charts and tables, which helped bring data transparency and staff engagement to the effort. As a result of their work, Memorial Medical Center's Foley catheter days have decreased significantly, and they have not had a CAUTI in more than 15 months.

Gina Fellenz, Memorial Medical Center's readmission lead, has developed an impressive hybrid model of completing 72-hour post-discharge call backs. To ensure all patients are called, staff nurses are making the majority of call backs. If a patient is identified as a high risk for readmission, Fellenz will personally make the follow-up call. This is a good way to utilize resources more effectively while ensuring that a higher level of expertise is given to those at a higher risk. They are currently working with their providers to help coordinate getting high-risk patients scheduled for their follow-up sooner than the standard one week.

Rusk County Memorial Hospital (Ladysmith)

Robin Winiarczyk at Rusk County Memorial Hospital has been leading their improvement portfolio. With her guidance, Rusk County Memorial has made good strides in falls, readmission and pressure ulcer prevention. Under the direction of Amanda Shimko in their falls prevention project, they have greatly increased staff falls prevention awareness by posting "days between falls" data and utilizing in-room white boards to communicate key details that help reduce the risk of falls. In addition, they are in the process of implementing TCAB with improved hourly rounding. In their readmissions prevention project, Rusk County has improved their patient training and communication prior to discharge and has started post-discharge call backs. Rusk County's wound team has helped implement several pressure ulcer prevention processes. They have improved their proficiency with hourly repositioning, implemented daily skin assessments and have developed standard order sets for high-risk patients. They are currently piloting new pressure-reducing mattresses.

Winiarczyk said WHA's Partners for Patients has been very valuable. "I could not have made it through the last year without the tools, guidance and consulting on how to proceed with the various projects." *(continued on page 4)*

Continued from page 3 . . . Neillsville and Ladysmith Hospital Visits

"We are seeing the results of the hard work on the part of the hospital improvement teams that started with small tests of change at the unit level, moved into site-wide implementation and transitioned into strategies for sustaining great long-term results. In addition, quality improvement capacity has expanded throughout organizations at all levels," Kaster said.

AHA Honors Mercy Health System (Janesville) Volunteer Program

The American Hospital Association (AHA) honored Mercy Health System's "Hospice Care Pet Peace of Mind®" program with one of four Hospital Awards for Volunteer Excellence (HAVE).

The AHA HAVE Awards Program is in its 31st year and highlights the extraordinary efforts of volunteers and volunteer programs and the positive impact their contributions have on the patients, hospitals, health systems and communities they serve.

Mercy was honored with the HAVE Community Service Program award for their Mercy Hospice Care Pet Peace of Mind program, which supports hospice patients by stabilizing and supporting their relationships with their pets in the midst of coping with a hospice diagnosis. The program's focus is to preserve the relationship between patients and their pets.

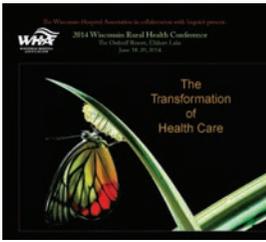
Volunteer staff provide services that support the patients and ease their concerns, including completing daily care chores (walking dogs, cleaning litter boxes, etc.), providing financial assistance with pet food or medication, assisting with routine veterinary care, boarding or pet sitting if a patient is hospitalized or transferred to an inpatient facility, arranging visits and providing placement for pets after the patient's death. The program currently has nine volunteers trained to work with the pets. Services and care offered varies based on the needs of hospice patients and their pets.



Laura Bergeron, center, Mercy's hospice care volunteer coordinator, accepts the AHA HAVE award in Washington, DC at a May 5 ceremony. Pictured with her are AHA Committee on Volunteer Chair Bill Newbold (left) and AHA Board of Trustees Chairman-Elect Jonathan B. Perlin, MD, PhD.



Partners of WHA leaders celebrate with Mercy Health System during the HAVE awards ceremony. Pictured left to right are: Jonathan Perlin, Gloria Sparacino, Diane Westbrook, Bonnie Olson, Laura Bergeron, Bill Newbold, Judy Jaggard (President of Mercy's Association of Volunteers), Sue Lynch.



Reminder: Register by June 4 for the 2014 Wisconsin Rural Health Conference

The Osthoff Resort, Elkhart Lake *** June 18-20, 2014

More information and online registration are available at:
<http://events.signUp4.net/14Rural>

Continued from page 1 . . . WHA Lauds Grants that Help Create New Physician Training Programs

“We applaud Governor Walker’s and the Legislature’s remarkable investment in Wisconsin’s future physician workforce. The grants will go a long way in helping these hospitals establish new on-site residency programs that will educate and train primary care physicians who will care for Wisconsin patients and families for years to come,” according to WHA Executive Vice President Eric Borgerding. “Ensuring that Wisconsin has an adequate supply of physicians to meet the demand for care is a top WHA priority, and we are committed to continue partnering with state and federal policymakers, Wisconsin’s medical schools and our members to build on these important steps.”

The Association credited members of the Joint Finance Committee for maintaining the Governor’s residency funding initiative in the last budget. Specifically, WHA praised Reps. John Nygren and John Klenke who met with hospital leaders and residency program directors in Green Bay to discuss the impact this program will have on addressing Wisconsin’s physician workforce shortage. The grant announcement from the Wisconsin Department of Health Services reaffirms the demand that currently exists to provide additional graduate medical education opportunities all across the state of Wisconsin.

The physician workforce issue is a high priority for the Wisconsin Hospital Association, whose members employ the vast majority of Wisconsin’s practicing physicians. WHA was instrumental in helping to create the Wisconsin Council on Medical Education and Workforce (WCMEW). Since its inception, WCMEW has been a leading voice in identifying Wisconsin health care workforce needs and in crafting sound public policy solutions.

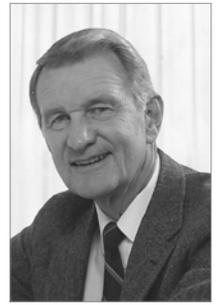
WHA has issued two comprehensive reports that have catalyzed high-level engagement and action among stakeholders interested in expanding Wisconsin’s medical education and training system. A link to WHA’s most recent report, “*100 New Physicians a Year: An Imperative for Wisconsin*” is here: www.wha.org/Data/Sites/1/pubarchive/reports/2011physicianreport.pdf.

Grantees	Counties	Specialty	Award
Divine Savior Healthcare, Inc.	Columbia and Marquette	Family Medicine	\$666,265
Gundersen Medical Foundation	Crawford, La Crosse and Vernon	Family Medicine	\$621,310
Monroe Clinic	Green	Family Medicine	\$750,000
North Central Health Care	Marathon, Milwaukee, Monroe, Oneida, Portage and Wood	Psychiatry	\$370,771
Clement J. Zablocki VA Medical Center	Brown, Calumet, Forest, Green Lake, Milwaukee, Outagamie and Winnebago	Psychiatry	\$370,771
UW Hospitals and Clinics	Dane, Grant, Iowa, Sauk and Winnebago	General Surgery	\$573,000

In Memoriam: Dean K. Roe

Dean K. Roe, former president and CEO of Froedtert Hospital and the Milwaukee Psychiatric Hospital, passed away May 24 at age 85. Mr. Roe chaired the WHA Board of Directors in 1972 and was a strong supporter of the Association.

A nationally-recognized health care leader, Mr. Roe began his career as an associate administrator for Fairview Hospital in Minneapolis where he met his wife, Carol Ann. He then joined the staff of the Milwaukee Psychiatric Hospital where he was a respected administrator who presided over a ten-year period of significant change in the industry as the hospital shifted from "sanitarium" to "psychiatric" care. In 1970, Mr. Roe joined Froedtert Hospital as president and CEO, a position he held for more than 20 years.



Dean Roe

"Dean was an inspired health care leader and will be remembered as one of the best in his field," said WHA President Steve Brenton. "I had the privilege to work with Dean early in my career at WHA. He was a thoughtful and highly-regarded health leader at the hospitals he served, but also had a role in shaping the future of health care in our state. We send our deepest condolences to Dean's wife, Carol Ann, and to his family and friends."

Mr. Roe attended St. Olaf College and later earned a master's degree in hospital administration at the University of Minnesota. He was active in professional, community, church boards and organizations.

Mr. Roe is survived by his wife of 57 years, Carol Ann, and three children, nine grandchildren and three great-grandchildren. Visitation is Saturday, May 31, 2014 at Calvary Lutheran Church, 1750 N. Calhoun Rd., Brookfield from 10 a.m. until the time of the funeral service at 12 p.m.