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WHA Weighs in on Health Reform and the Future of Medicaid at WHN Conference

Borgerding: "Allowing Obamacare to implode...is failure in and of itself."



L to R: Michael Heifetz, State Medicaid Director; Eric Borgerding, WHA President/CEO; Jon Peacock, Research Director, Kids Forward; Veronica Gunn, MD, Vice President of Health and Payment Innovation, Children's Hospital of Wisconsin; and Tim Stumm, Editor, WHN.

At a panel discussion July 19 in Madison, participants shared their reactions to the most recent Republican efforts to repeal and replace the Affordable Care Act (ACA). Among those weighing in was WHA President/CEO Eric Borgerding. *(continued on page 7)*

WHA, Rural Leaders on Capitol Hill

Focus: Health reform, rural policies

In the topsy-turvy atmosphere in Washington, D.C., a trip to Capitol Hill on July 20 by the Wisconsin Hospital Association and several health care leaders was well-timed, as the U.S. Senate reignited



U.S. Sen. Ron Johnson details data he compiled on various health care reform provisions. Clockwise from left: Dan DeGroot, HSHS Eastern Wisconsin; Sean Riley, Office of Sen. Johnson; Sen. Ron Johnson; Tim Size, RWHC; Brian Reardon, HSHS (IL/WI).

efforts to move a health care repeal/replace bill forward in the coming days.

The group spent considerable time with U.S. Senator Ron Johnson, discussing the state of play on health

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Wisconsin Rural Critical Access Hospitals Best in Nation in Quality

Wisconsin's Critical Access Hospitals (CAHs) were recognized as the best in the nation by the federal Health Resources and Services Administration (HRSA) for outstanding quality performance. The ranking is based on participation and achievement on the Medicare Beneficiary Quality Improvement Project (MBQIP). Wisconsin CAHs achieved the highest reporting rates and levels of improvement in the country over the past year. CAHs are hospitals with fewer than 25 beds that provide essential services in rural areas. There are 58 CAHs in Wisconsin.

According to HRSA, the 10 top-performing states are: Wisconsin, Maine, Utah, Minnesota, Illinois and Pennsylvania (tied), Michigan, Nebraska, Indiana and Massachusetts.

The Wisconsin Office of Rural Health (WI-ORH) provided leadership in encouraging hospitals to participate in the MBQIP program, and provided significant support for collecting and reporting this important data. This past year, the Wisconsin Hospital Association (WHA) collaborated with WI-ORH to provide technical assistance to a group of CAHs in Wisconsin to utilize data to drive quality improvement in their hospitals and share best practices. WHA helped the CAHs improve their performance on four rural-relevant MBQIP quality measures related to providing complete information when a patient who requires a high level of care is transferred out of the emergency department of a rural hospital to an acute care hospital.

"Rural hospitals provide a safety net of care that reaches every corner of our *(continued on page 6)*

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care reform legislation. Johnson repeated that his approach would be to stabilize the insurance market, including funding the cost-sharing reductions if needed, provide equity for nonexpansion states like Wisconsin, and make more well-informed, analyzed policy improvements before moving forward. In addition to Medicaid funding equity, attendees discussed various provisions in the Senate's health reform package and the potential impact those would have on ensuring affordable coverage for Wisconsinites.



Senate Majority Leader Mitch McConnell indicates the U.S. Senate will move forward with a vote early next week, though at this time it is not known what actual version of health care reform legislation will be taken up.

"Over the last eight months, WHA has regularly met and discussed with all of our Delegation the impacts on Wisconsin under both the House-passed and Senate-proposed health care reform legislation," said WHA President/CEO Eric Borgerding. "Again this week in Washington, WHA staff and members reiterated our strong objections to legislation that perpetuates, and now could exacerbate, hundreds of millions in Medicaid funding inequities for Wisconsin and penalizes our state for rejecting the very thing they are trying to repeal. Our team also pressed legislators to ensure affordable coverage is available for Wisconsinites through both Medicaid and the commercial market. Without significant improvements in these issues, WHA is urging our U.S. Senators to oppose this legislation."

"WHA appreciates the open door policy we have had with both of Wisconsin's U.S. Senators during this important debate," said WHA Vice President, Federal Affairs & Advocacy Jenny Boese. "WHA thanks Sen. Johnson and his staff for raising the issue of Medicaid equity and fairness, including his public statements to that effect, his efforts to slow down the Senate process, and his desire to utilize the expertise of Wisconsin providers and WHA in analyzing the bill's impact on our state."

340B, Medicare Extenders and Other Rural Health Policies Discussed

The group also hit on key policies and programs of importance to rural Wisconsin hospitals, particularly highlighting the value of the 340B drug discount program. The 340B program provides essential drug discounts to a subset of Wisconsin hospitals, including Critical Access Hospitals (CAHs), among others. These discounts are then used to offset pharmaceutical costs for patients, extend access to care to patients among various other ways qualifying entities do exactly what the 340B statute requires—*"stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services."*

The group specifically discussed the Centers for Medicare & Medicaid Services proposed FY 2018 outpatient prospective payment system rule, which would drastically cut payments to hospitals for 340B drugs.

"These cuts, if finalized, would be devastating to our hospital's ability to provide pharmacy services to seven very small, rural communities throughout northeastern Wisconsin," Dan DeGroot, HSHS Eastern Wisconsin, told Rep. Mike Gallagher during his meeting. "We know that medication compliance is far higher when an individual has a pharmacy (and pharmaceuticals) available close to home. Our ability to provide this service would not be possible without the 340B program."

Comments on the CMS proposed rule are due to CMS by September 11. WHA will comment in strong opposition to this proposed 340B change and encourage all Delegation members to sign onto several "dear colleague" letters that will be released in the coming weeks. *(continued on page 3)*

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Attendees also highlighted the importance of continuing both the Medicare Dependent Hospital (MDH) and Low-Volume Adjustment (LVA) policies under Medicare. Both policies expire September 31 unless Congress extends them. Other issues discussed included: problems with CMS' current "direct supervision" requirement for outpatient therapeutic services, the CAH 96 hour rule and proposed budget cuts to Wisconsin's Hospital Preparedness Funds.

Governor Signs Special Session Opioid Bills

WHA-backed GME funding for addiction specialists included in bills

Gov. Scott Walker signed 11 bills into law June 17 that were passed by the Legislature as part of the Heroin Opiate Prevention and Education (HOPE) special session agenda. The bills include funding and regulatory components to help treat opioid addiction and to prevent opioid addiction.

"The bills passed by the Legislature and signed into law by the Governor will help to further sustain and expand access to treatment to help those addicted to opioids," said WHA President/CEO Eric Borgerding. "Supporting graduate medical education to address shortages of addiction medicine and addiction psychiatry physicians was a key recommendation by WHA to the Governor's Task Force on Opioid Abuse, and we are pleased to see the Governor and Legislature taking steps to address physician workforce shortages in Wisconsin."

The bills signed into law include:

Additional GME Funding

Act 26 adds \$64,000 annually to Wisconsin's graduate medical education (GME) grant program to support hospitals' fellowship programs for addiction medicine or addiction psychiatry specialties. The establishment and expansion of Wisconsin's GME grant program has been championed by WHA as a key strategy to expand physician workforce in high need specialties. <https://docs.legis.wisconsin.gov/2017/related/acts/26>

Additional Treatment Centers

Act 27 provides \$1 million annually to create two or three additional regional comprehensive opioid and methamphetamine treatment programs in rural, underserved or high-need areas. This funding would double the number of such programs first established in 2013 Act 195. <https://docs.legis.wisconsin.gov/2017/related/acts/27>

Creation of Addiction Medicine Consultation Program

Act 28 provides \$500,000 annually to create an addiction medicine consultation program for physicians. The Department of Health Services will be seeking proposals to provide services through this consultation program, which is intended to provide consultation and referral support to clinicians treating patients with a substance abuse disorder. <https://docs.legis.wisconsin.gov/2017/related/acts/28>

Emergency Commitment for Drug Dependence

Act 34 expands Wisconsin's emergency and involuntary commitment program under Chapter 51 for alcoholics and intoxicated persons to persons who have drug dependence, who are incapacitated by the use of drugs and who habitually lack self-control as to the use of drugs. <https://docs.legis.wisconsin.gov/2017/related/acts/34>

Prescription Requirement for Schedule V Substances Containing Codeine and Other Substances

Act 25 will now require a prescription for certain Schedule V controlled substances. Most notably, cough syrup and medication containing codeine will now require a prescription. However, the bill also impacts Schedule V controlled substances containing dihydrocodeine, ethylmorphine, diphenoxylate, opium, or difenoxin. <https://docs.legis.wisconsin.gov/2017/related/acts/25>

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In October 2016, Joan Coffman, president/CEO of HSHS St. Joseph's Hospital in Chippewa Falls and WHA representative to the Governor's Task Force on Opioid Abuse, presented to the Task Force a WHA summary of steps the Task Force could take to help Wisconsin sustain and expand access to treatment for opioid abusers, as well as a summary of education programs, examples of collaboration, and local efforts hospitals and WHA are undertaking to address Wisconsin's opioid abuse epidemic. Those summaries and their accompanying memo can be found at www.wha.org/pdf/GovernorsOpioidTaskForceMeeting10-28-16.pdf.

WHA will provide members a full summary of the 11 opioid bills on the Members Only portion of WHA's website in the coming days.

WHA Presents Emergency Preparedness Conference, September 20 in Madison *International Risk Communications Expert Vincent Covello will keynote event*



Vincent Covello, PhD

On September 20, the Wisconsin Hospital Association is sponsoring the "WHA Emergency Preparedness Conference: *Ready to Respond*." This important, one-day conference will feature national experts who will share communication and preparedness lessons learned from real world events and focus on current threats facing health care organizations, including workplace and community violence and highly infectious diseases. Attendees will have the opportunity to collect strategies to enhance their current emergency management programs, practice them through interactive exercises, and integrate those preparedness and communication strategies into daily operations.

Vincent Covello, PhD, will keynote the conference and offer a deep-dive session in the afternoon specifically for public information officers and health care public relations professionals.

Covello is a nationally and internationally recognized trainer, researcher, consultant and expert in crisis, conflict, change and risk communications. Over the past 25 years, he has held numerous positions in academia and government. Covello was a senior scientist at the White House Council on Environmental Quality in Washington, D.C., a study director at the National Research Council/National Academy of Sciences and the director of the risk assessment program at the National Science Foundation. Covello has authored or edited more than 25 books and published over 75 articles on risk assessment, management and communication. Covello will share principles, strategies and practical tools for communicating effectively in a high stress situation.

Chris Sonne and William Castellano, both of HSS EM Solutions, will share best practices and lessons learned from live active shooter scenarios, as well as direct tabletop exercises and a practical, scenario-based training exercise, during a special afternoon session focused on preparing for an active shooter.

Additional sessions include a look at infectious disease outbreaks and what hospitals can do to better prepare; as well as the role of governmental agencies, including the Department of Health Services and the Department of Public Health during an emergency.

This conference has been designed for hospital emergency preparedness directors, emergency department directors and physicians, infection prevention staff, department directors, public relations professionals and public information officers.

This conference is September 20 at the Sheraton Hotel in Madison. The registration fee is \$225 per person. The full agenda and online registration are available at www.cvent.com/d/b5qw08. An event brochure is also included in this week's packet. Seating is limited—WHA highly recommends registering early.

WHA 2017 Nominating Awards Committee Seeking Nominations

Nominations are now being accepted for WHA's annual Distinguished Service Award and Trustee Award. These important awards recognize those who display leadership, dedication and professionalism to their community or the Association.

You may know someone in your region, in your hospital or on your Board of Directors who deserves such an honor. You now have an opportunity to nominate them for one of these annual awards:

- **Distinguished Service Award** is presented to a senior health care executive who has made an exemplary commitment to WHA, his/her hospital, and the communities he/she serves.
- **Trustee Award** honors a trustee of a WHA member organization who has made an exemplary commitment to his/her community and to the organization on whose board he/she serves.

Administrators, trustees, senior managers, nurse leaders, volunteers and others are encouraged to review the criteria for the awards and consider nominating someone to receive one of these honors. Information on these two awards can be found on WHA's website at www.wha.org/award-program-information.aspx.

Submit nominations for both the awards and WHA Board of Directors no later than Friday, August 18.

The Nominating committee will also make recommendations on new WHA Board members. WHA members interested in being considered for or nominating someone for an at-large WHA Board seat or the chair-elect position should contact either WHA President/CEO Eric Borgerding at eborgerding@wha.org or WHA Nominating Committee Chair Mike Wallace at Michael.wallace@forthc.com.

WHA Education: Health Care Administrative Professionals Conference, Oct. 5

WHA's annual one-day conference for hospital executive assistants and other health care administrative support staff will be held October 5 at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells.

This program will cover essential skills and traits needed to be a successful administrative assistant, including time-management, communication best practices, workload and Microsoft Outlook tips and tricks.

This program is designed for executive and administrative assistants, business office managers and other support staff in hospitals and other health care settings. You can see additional conference details and register online for this event at www.cvent.com/d/25q5rw.

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

Medicaid EHR Incentive Program Now Accepting Program Year 2017 Applications

On June 17, the Wisconsin Medicaid EHR Incentive Program announced that it is opening its attestation system for hospitals and eligible professionals to attest to meaningful use of certified EHR technology for Program Year 2017.

Program Year 2017 is from January 1 to December 31, 2017, and participants must report on the meaningful use criteria for any continuous 90-day period. The deadline to apply for a Program Year 2017 incentive payment is March 31, 2018.

For more information on Program Year 2017, including the meaningful use reporting requirements, access the Wisconsin Department of Health Services' *ForwardHealth* updates for hospitals (www.forwardhealth.wi.gov/kw/pdf/2017-18.pdf) and for eligible professionals (www.forwardhealth.wi.gov/kw/pdf/2017-19.pdf). For questions, contact Andrew Brenton, WHA assistant general counsel, at abrenton@wha.org or 608-274-1820.

Midwest Forum on Hospitals, Health Systems & Pop. Health Set Nov. 29-Dec. 1

The Midwest Forum on Hospitals, Health Systems and Population Health: Partnerships to Build a Culture of Health will bring together organizations and key stakeholders dedicated to improving the health of all Americans. The forum provides an excellent opportunity for hospitals and health systems in Wisconsin to engage with national experts in a broad dialogue across sectors to solve complex issues to improve the health of communities and integrate clinical and community health and prevention strategies. Participants will share innovative models that are working and inspire the audience to take action to help transform the existing system of care in the United States to a system that strategically plans for and supports the health of its population. Building on health equity as the core forum theme, topics include:

- The policy environment for population health and health system transformation
- Using data for care coordination and population health
- Aligning financial incentives and payment for population health
- The role of purchasers and payers in population health
- Integrating physical and behavioral health
- Developing clinical/community linkages
- Connecting health with community development
- How to engage consumers and patients in population health
- Collaborating on and leveraging community health needs assessment and planning

WHA is serving on the conference planning committee. The conference will be held November 29 – December 1 at the Westin Michigan Avenue, Chicago. For more information, visit: <http://iphionline.org/midwestforum/registration>.

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state,” according to WHA President/CEO Eric Borgerding. “We are proud to partner with WI-ORH and work with our rural hospitals on projects that improve the quality of care they deliver every day to patients. We know rural hospitals support the physical well-being of the people living in that area, but they are also a critical asset to the economic health of the community. They are an essential part of our high-quality delivery system.”

Wisconsin is consistently ranked as one of the best states in the nation based on the quality of its health care.

“High quality care in Wisconsin’s rural communities is just as important as the urban settings,” according to WHA Chief Quality Officer Kelly Court. “This recognition is another demonstration of how fortunate we are in our state to have rural hospitals who are highly committed to measure, improve and achieve high quality.”

Kathryn Miller, manager of the rural hospitals and clinics programs at WI-ORH, who was instrumental in ensuring the success in this program, echoes Court’s sentiment.

“We are extremely proud of the hospitals’ dedication toward reporting and quality improvement, and that WI-ORH was nationally recognized for our efforts,” Miller said. “It is a great accomplishment that 100 percent of Wisconsin’s CAHs are in compliance with the MBQIP program.”

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"Health care reform is not dead. Allowing Obamacare to implode and fail is really failure in and of itself," Borgerding said in response to a question from Wisconsin Health News (WHN) Editor Tim Stumm. "I hope there's critical mass enough in Washington to realize that and move forward with something."

Joining Borgerding on the panel were State Medicaid Director Michael Heifetz; Veronica Gunn, MD, vice president of health and payment innovation, Children's Hospital of Wisconsin; and Jon Peacock, research director, Kids Forward. WHN Editor Tim Stumm served as moderator.

Stating that the ACA must be repaired before it is repealed, Borgerding said any solution out of Washington must preserve the successful Wisconsin Medicaid expansion model, especially for those who are now covered.

If the goal of health reform is preserving coverage, according to Heifetz, then Wisconsin has a model that could be exported to other states that covers those in poverty and moves those above poverty into the exchange with a subsidy. He noted Gov. Scott Walker has openly expressed his concerns about Medicaid funding inequity between expansion and nonexpansion states.

"We are absolutely being penalized for the great expansion we did do," Borgerding said. "Wisconsin really needs to rethink not just expansion but really aggressively think about how do we achieve equity for the expansion that we did do."

Peacock said the problem with the current federal Medicaid proposals being floated in Washington is they lock in Wisconsin's historic low reimbursement rates; the second lowest Medicaid rates in the country.

If reform is "dead," Borgerding said it brings the issue of Medicaid funding back to the states, while the BCRA and AHCA took those decisions away from the states.

"Medicaid funding is a lynchpin key issue moving forward," according to Borgerding. He said funding disparities between expansion and non-expansion states was a key factor that unraveled the push for health reform. (Read more in the July 14 issue of *The Valued Voice*: www.wha.org/pubArchive/valued_voice/WHA-Newsletter-7-14-2017.htm#2)

Lost in the discussion is the importance of Medicaid to children, according to Gunn, who is a pediatric care provider. More than half the births in Wisconsin are covered by the Medicaid program, and while children comprise almost 43 percent of the Medicaid population, they account for only 19 percent of the cost.

"We need to achieve a healthier population...we have to find ways to control costs, but we cannot do so at the expense of our kid's health and our future leaders," Gunn said.

Watch the full panel discussion on WisconsinEye at:
www.wiseye.org/Video-Archive/Event-Detail/evhdid/11711