WHA Receives National Dick Davidson Quality Award

The Wisconsin Hospital Association (WHA) received the 2014 Dick Davidson Quality Milestone Award for Allied Association Leadership for its work to improve health care quality. WHA President Steve Brenton accepted the award on behalf of the Association during the American Hospital Association (AHA) Leadership Summit held July 20 in San Diego. The WHA quality team was on hand to participate in the ceremony.

The award recognizes a hospital association that demonstrates leadership and innovation in quality improvement and contributes to national health care improvement efforts.

“Improving quality and patient safety is a never-ending quest for America’s hospitals and health systems,” said Rich Umbdenstock, AHA president/CEO, noting that Wisconsin’s efforts “exemplify...” (continued on page 5)

Grant Support Making a Difference in Wisconsin GME Opportunities

*WCMEW helps facilitate measurable progress on physician workforce agenda*

The WHA physician workforce report identified the creation of in-state education opportunities as one of the most important factors in attracting and retaining physicians. Reports provided at the July 30 Wisconsin Council on Medical Education and Workforce (WCMEW) meeting documented the progress that has been made to ensure that the physician workforce Wisconsin needs is secure now and in the future.

Governor Scott Walker’s support in the state budget to boost graduate medical education (GME) is proving to be of great assistance in creating both new and funding existing residencies. A report provided by Linda McCart, policy chief, who coordinates the GME program for the Department of Health Services (DHS), said to date, five new residency programs and three expansion programs have been funded. (see chart here: [http://www.wha.org/Data/Sites/1/pdf/DHSfundedProgramsMapSFY2015.pdf](http://www.wha.org/Data/Sites/1/pdf/DHSfundedProgramsMapSFY2015.pdf)) When fully implemented, the GME initiative will create 51 new training positions for medical residents. McCart said the announcement of the second round of grants will be published later in August. For more information contact McCart at: Linda.McCart@dhs.wisconsin.gov (continued on page 6)
Webinar on WHA Patient Discharge & Transfer Manual

WHA will continue its months-long complimentary webinar series August 14 from 12 – 1:30 p.m. with a presentation of the WHA Patient Discharge & Transfer Manual. This webinar will address the legal issues related to the discharge or transfer of a patient. The presenters will discuss medically-indicated discharge and transfer, as well as certain factors that can complicate the discharge or transfer of a patient and heighten a health care organization’s potential liability exposure.

WHA members are encouraged to register for this webinar as well as any or all of the other webinars in the series. Sign-up information, as well as more information about each of the remaining webinars in the series, may be found at http://events.SignUp4.net/HealthLawManual. Attorneys in attendance may earn CLE credit.

This webinar will be presented by Jennifer Hennessy and Leah McNeely of the law firm of Quarles & Brady.

The Health Law Manuals are available for WHA members to view and download at http://www.wha.org/healthLawManual.aspx. WHA members who would like to the manuals should contact webmaster@wha.org to request a username and password.

National Core Curriculum Presented at WHA Workforce Development Council

The WHA Workforce Development Council met July 31 and heard a presentation by Diane Osterhaus Neefe, Ed. D, Dean of Health and Public Safety at Western Technical College called, “Health Professionals Pathways (H2P).” Supported by the U.S. Department of Labor and the Department of Education, the program consists of a consortium of colleges nationally that share a goal of developing a common core curriculum for health programs. According to Osterhaus Neef, the core curriculum, which will originate within the Wisconsin Technical College System, will define a set of interdisciplinary courses and clinical training to provide allied health students at each level with the common knowledge, skills and values necessary to perform effectively in the evolving health care workforce. This will prepare graduates to be ready for employers and accelerate degree completion time, despite a change in program study.

“The discussion following Diane’s presentation was robust,” said Jodi Johnson, WHA vice president of workforce and clinical practice. “The council identified the knowledge and skills necessary to meet health system workforce demands, which included preparing allied health staff and nurses to handle stress in the workplace, possesses knowledge of the business of health care, address population health, care coordination and soft skills to communicate therapeutically with patients. In the future, the skills required to deliver team-based, patient-centered care will be incorporated in to the core curriculum.”
Medicare Spending, GME Reform and Physician Payment Top Recent News

• There was quite a bit of buzz last week as to how Medicare spending continues to increase at a growth rate well under the GNP. The rise of only .08% annually since 2009 is credited with increasing the financial soundness of the Medicare Trust Fund until 2030...a few years longer than previously thought. While ACA supporters tout provisions within Obamacare as a major contributor to the “good news,” it’s important to point out that most of those provisions, other than ACOs, bundled payments and readmission penalties, are mandated payment cuts that have no relationship to delivery costs. Add in the “sequester” and recent cuts to pay for SGR “patches” and you have a far different message that suggests artificial price controls are driving “savings.” The sustainability of long term Medicare “savings” largely derived from hospital cuts is questionable at best and impossible at worst.

• An IOM Report released this week proposing significant reforms in the way Medicare pays for Graduate Medical Education (residency programs) received predictable and understandable push back from teaching hospitals and health care leaders in New York and Massachusetts...states that currently receive disproportionate amounts of GME money.

But the underlying themes included in the report (geographic spending maldistribution and too much emphasis on training specialists) are worthy of discussion. Wisconsin has been short sheeted for too long when it comes to Medicare’s investment in much-needed residencies. And while a radical change in funding may prove to be disruptive for some, the call for a ten-year phase in seems to make sense if a rational plan can be developed.

So we either reform the status quo or find new funding sources...a very uphill challenge.

• A couple of Senate Democrats are proposing to maintain an expiring ACA provision that provides a significant Medicaid payment boost to primary care physicians. The law, which sunsets at year end, pays OB docs, family practitioners, internal medicine physicians and psychiatrists Medicare rates for seeing Medicaid payments. In some states, including Wisconsin, this is a big payment boost. Unfortunately, the lawmakers didn’t include a funding source for what will likely be a several billion dollar price tag needed to pay for the extension. And it’s also important to note that another SGR “fix” (or permanent fix) is necessary in March, 2015 to avoid an automatic slashing of Medicare payments. Great ideas absent sensible funding won’t happen.

Steve Brenton
President
The launch and implementation of the health insurance exchange in Wisconsin triggered a community-wide response to help people connect to coverage. Wisconsin hospitals and health systems mobilized human and financial resources to assist with and oftentimes lead those efforts. Public relations and marketing professionals helped create and manage the marketing and communications aspects of these education and enrollment campaigns.

On July 30, the Wisconsin Healthcare Public Relations and Marketing Society sponsored a webinar that featured guest speaker Joanne Alig, WHA senior vice president, policy and research. Alig, who monitors the policy and implementation issues associated with the exchange, provided an overview of the Wisconsin exchange and presented a timeline for 2015. She told the group that WHA continues to assess the impact of the changes in insurance markets and Medicaid over the past year, however much of the data needed is not yet available. For example, recent studies estimating the number of uninsured who gained coverage vary considerably. WHA is closely monitoring key elements of the exchange and the related impacts on providers, including the 90-day grace period, uncompensated care levels and network adequacy.

The open enrollment period for the 2015 calendar year will run from November 15 through February 15, 2015 for coverage in the 2015 benefit year. Unless a person has a qualifying event, such as a loss of employer coverage, the only opportunity to enroll in exchange coverage is during the enrollment period. However, it is important to note that a person can apply for and become eligible for Medicaid/BadgerCare at any time during the year.

Alig said that by the end of June insurers were required to submit the health plans that they want included on the exchange for 2015. Those who received subsidies on the exchange may be automatically re-enrolled into the same health plan for 2015, but are being urged to review their information, update their income projection, and review the plans when they become available in November to ensure they are still enrolled in a plan that best meets their needs.

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**Fast Facts from the WHA Information Center**

**August is Cataract Awareness Month**

As the population ages, cataract surgery is more prevalent. Cataract surgery is one of the oldest surgical procedures known, first documented in the fifth century BC. Cataract surgery is the principal refractive surgical procedure performed in older adults. Technological advances have allowed for improved surgery through smaller incisions, resulting in better outcomes. Surgery for cataracts involves removing the natural lens of the eye that contains the cataract and either replacing it with an artificial lens called an intraocular lens implant (IOL) or compensating for its absence with eyeglasses or contact lenses. The most common replacement is an intraocular lens implant.

According to the WHA Information Center, Cataract Surgery with Intraocular Lens was the most frequently reported ambulatory procedure in 2013, with 64,197 cases. This is a 4.7% increase over the number of cataract surgeries with intraocular lens performed in 2012. The average charge in 2013 for this procedure among Wisconsin hospitals and ambulatory surgery centers was $6,084 with a median charge of $5,500.

*Data provided by the WHAIC ([www.whainfocenter.com](http://www.whainfocenter.com))*
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the key role now played by hospital associations across the country in convening and supporting their members in the critical work of quality and safety collaboratives.”

According to the AHA, WHA demonstrates a comprehensive quality portfolio supported by strong leadership and governance. Along with 108 of its member hospitals, WHA has strategic partnerships to advance quality care statewide.

AHA created a short video of Kelly Court, WHA chief quality officer, describing WHA’s improvement strategy, key results and how WHA has partnered with member hospitals and others in the state. Watch the video here: https://ql.mediasilo.com/#ql/53db8998e4b0b10da66ce6ef/918268FE-CCB4-1E50-93B6C0460335A216

“It was a great honor to take our whole team to San Diego to receive this award, Court said. “WHA is a good catalyst, but we wouldn’t be receiving this recognition without the hard work of every one of our members to improve quality in our state.”

WHA Displays Storyboard at AHA Leadership Summit

AHA’s Health Research and Educational Trust (HRET) invited WHA to participate in a storyboard showcase that focused on the state’s improvement in readmissions rates and the use of the “Safety Across the Board” measures in Wisconsin.

Earlier this spring, WHA member hospitals received individual special reports showing their improvement in overall safety using a calculator provided by HRET. Ninety hospitals used this report to communicate their overall improvement work in a graphical format. Hospital QI leaders used the tool to present a broad review of safety improvement to their respective Board of Trustees and board-level quality committees.

According to Stephanie Sobczak, WHA QI manager and readmissions leader, “Looking at improvement across-the-board fundamentally changes the conversation from a silo mentality toward improvement work to a big-picture view. We have heard that some hospital board members are now asking ‘How well are we doing overall?’ and ‘Do we have the resources we need to tackle the scope of improvement needed?’”

Malcolm Gladwell Provides Perspective at AHA Leadership Summit

WHA staff participated in multiple breakout sessions at the Summit and had the opportunity to listen to several world-class key-note speakers. Malcolm Gladwell, award-winning and bestselling author, was able to correlate many concepts from his recent book, “David and Goliath: Underdogs, Misfits and the Art of Battling Giants,” to the current state of the nation’s health care system. He stressed how--although difficult and painful at times--diversity often brings about extremely positive change. He added that history has shown us that individuals or organizations that are agile and able to change course quickly thrive and become many of the exemplars that are celebrated today.

Gladwell reminded the audience that success is not a linear journey. Many times there is not a clear path, and success happens through compromises, exchanges through unlikely partnerships and alternative and creative ways of thinking.

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“Gladwell’s message reminded us that quality improvement is a series of small successes,” said Tom Kaster, WHA improvement advisor who attended the conference. “It served to re-energize our whole WHA team to continue to push for a strong finish with our 2014 Partners for Patients projects.”

Also at the University of Wisconsin Hospitals and Clinics received the AHA Quality Quest Citation of Merit for their work on patient and family advisory committees. UWHC President/CEO Donna Katen-Bahensky was on hand to accept the award.

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A second program, funded by the critical access hospital assessment, is the Wisconsin Collaborative for Rural GME (WCRGME). The collaborative is staffed by the Rural Wisconsin Health Cooperative in partnership with the Wisconsin Rural Physicians Rural Assistance Program (WRPRAP) and a growing number of rural Wisconsin hospitals and clinics. Its purpose is to develop and support rural GME educational experiences and to relieve GME sites of some of the administrative burden of achieving and maintaining accreditation. While its initial goal was to develop additional rural primary care residency slots, that goal has grown to include helping sites develop rural rotations and fellowships, since this is often the first step in determining if they have the potential and desire to become a rural training track.

For a list of WCRGME projects visit: http://www.wcrgme.org/wcrgme_map.html

George Quinn, WHA senior policy advisor, said the state Higher Education Aids Board had asked WCMEW for input on implementing a new grant program. The “Primary Care and Psychiatry Shortage Grant” program, enacted in February, is meant to provide incentives for primary care and psychiatry physicians to practice in underserved areas of Wisconsin. The individuals must be graduates of Wisconsin graduate medical education programs. On an annual basis, they can submit a request for payment if they can show that they have practiced in an underserved area of Wisconsin. The program has a total of $750,000 available each for primary care and psychiatry.

“In order for this program to be successful in bringing more primary care and psychiatry to underserved areas, we need to widely communicate it to prospective applicants as well as to their potential employers,” Quinn said.

Wisconsin is one of seven states chosen by the National Governors Association (NGA) to participate in the NGA Health Care Workforce Policy Academy. Jon Hoelter, senior policy advisor, Office of the Governor, said work will focus on five areas:

1. Develop a workforce plan
2. Collect and analyze health care workforce data
3. Study new service delivery models
4. Consider changes in training and education programs
5. Inventory mental health resources and identify gaps

Hoelter said it is an 18-month process that is initially driven by NGA faculty and staff. A final draft plan is expected in January 2015. After that, the states will proceed with implementation.

“The process is designed to engage stakeholders and incorporate their input into the plan, which is due at the end of this year,” Hoelter said.

Quinn said WCMEW can play a key role in both the planning and implementation process because, as a statewide convener, it can bring a wide-range of stakeholders together.
Cathy Jacobson, president/CEO of Froedtert Health, will serve as the next chairperson of the Milwaukee Health Care Partnership, a public-private consortium dedicated to improving health care for underserved populations in Milwaukee County. Jacobson succeeds Mark R. Taylor, recently retired CEO of Columbia St. Mary’s Health System.

Jacobson will work with Joy Tapper, the Partnership’s executive director to advance the members’ strategic goals, which focus on ensuring adequate and affordable health insurance coverage, improving access to quality health care providers and services, and enhancing care coordination across the delivery network. Her two-year term began in July and it follows a dynamic year of insurance coverage changes related to the Affordable Care Act, during which more than 120,000 low-income Milwaukee residents became eligible for public or private health insurance.

“This is an important time for the Partnership,” says Jacobson. “With many more people in Milwaukee County enrolled in BadgerCare Plus, or entering the health insurance Marketplace, we need to assure that there is adequate access to primary care and specialty services, including behavioral health care, in Milwaukee’s underserved neighborhoods. The health systems, community health centers, and our academic and government partners recognize that our collaborative work is essential to improving the health of vulnerable populations – and our community overall.”