Key to Solving Wisconsin’s Physician Shortage May be the “86 Percent Equation”

A new report from the Wisconsin Council on Medical Education and Workforce (WCMEW) warns that Wisconsin may face a shortage of more than 2,000 physicians by 2030, but the Wisconsin Hospital Association (WHA) says much is being done now to avert that forecasted deficit.

WHA President/CEO Eric Borgerding said his Association has focused its efforts on ensuring that as physicians graduate from medical school there is an opportunity for them to complete a medical residency in a Wisconsin community, and then establish practice there. The WHA 2011 Physician Workforce Report outlined how important medical residencies are to keeping physicians in Wisconsin.

“We know if a student growing up in Wisconsin attends a Wisconsin medical school and completes a residency here, there is an 86 percent chance that physicians who specialize in primary care will practice in Wisconsin,” he said. “We called it the ‘86 percent equation’ and we have been focusing on each of the components from a public policy perspective. It is a textbook example of identifying a problem, working with WHA members and physician leaders.”

On that front, WHA worked closely with the Walker Administration and the Wisconsin Legislature to create matching grant funding for new programs and to expand existing residency programs. Physician Rohrkaste Tells WHA Council Low Medicaid Rates Drive Health Care System Issues

Medicaid rates in Wisconsin are among the lowest in the country, a problem that Rep. Mike Rohrkaste (R-Neenah) says drives many problems in the health care delivery system.

“It was great working with WHA on the Disproportionate Share Hospital (DSH) legislation. I understand why that is important to you because of the payment system; this is something we needed to do,” Rohrkaste told the WHA Public Policy Council members at their August 25 meeting in Madison. “However, I would like to get to a system where there aren’t these catch-up payments.”

As a former human resource executive with Oshkosh Corporation, Rohrkaste has first-hand experience with the Wisconsin Worker’s Compensation program. “A fee schedule won’t save as much money as focusing on outcomes and value.” Rohrkaste said fraud, waste and abuse in the worker’s compensation program are areas the Legislature has addressed this past session and could improve more into the future. (continued on page 9)
Save the Date: Nov. 16 – WHA Conference for Emerging Health Care Leaders

When you hear the term “rising star,” are there two or three people from your organization who automatically come to mind? Those are exactly the employees you should invite and encourage to attend WHA’s upcoming one-day event, “Today’s Challenges, Tomorrow’s Opportunities: A Future Leader’s Guide to Wisconsin Health Care,” scheduled November 16 in Madison.

Wisconsin is home to some of the most notable health care leaders in the country, so it is no surprise that some of the most innovative ideas in the industry are launched here in the Badger State. WHA is committed to continuing this tradition by helping foster the next generation of leaders, and this event is part of that effort.

The day’s agenda will feature national health care consumerism expert Ryan Donohue of National Research Corporation. Donohue will explore how consumer decision making has become a strategic threat to health care organizations and will share research showing what’s important to today’s health care consumer and why they aren’t connecting with hospitals and health care systems. Patient experience expert Kristin Baird will focus on what current leaders can do to improve their organization’s patient experiences, as well as share practical steps emerging leaders can implement in their current roles to bridge the gap between what you say you are as an organization and what your patients really see.

WHA President/CEO Eric Borgerding will also examine the current state of health care in Wisconsin, share thoughts on the possible impact of the new presidential administration on health care, discuss the role of the Association and the importance of emerging leaders getting involved.

Start making a list of your rising stars to invite and ask them to mark their calendars for November 16. A full agenda and registration information will be available in early September.
Lt. Governor Visits Crossing Rivers

Crossing Rivers Health in Prairie du Chien hosted Lt. Governor Rebecca Kleefisch August 24, 2016. During her time at the hospital, Kleefisch was able to visit with hospital leaders, including Chief Executive Officer Bill Sexton, to discuss the valuable services provided, including important oncology services. Now five years cancer-free, Kleefisch has been meeting with patients and caregivers across the state to express her support for those individuals in their cancer journeys and express support for the high-quality, high-value care those individuals, including herself, have received in Wisconsin hospitals.

“During her visit, the Lt. Governor was complimentary of the great work being done in Wisconsin hospitals and understands the challenges we are facing, particularly in rural areas,” said Sexton. “We were delighted she could meet with nursing students during their orientation from Southwest Wisconsin Technical College and marveled at the technology upgrades in the new medical center.”
Grassroots Spotlight

Holy Family Memorial Hosts Senator Devin LeMahieu for HEAT Roundtable

Sen. Devin LeMahieu was joined by hospital leaders in his district for a HEAT Roundtable discussion at Holy Family Memorial Hospital in Manitowoc August 22. Hospital leaders thanked LeMahieu for his support of the Medicaid Disproportionate Share Hospital (DSH) program and the Interstate Medical Licensure Compact, designed to make it easier to license physicians from other states looking to practice in Wisconsin.

LeMahieu discussed with the group his intention to work on workforce-related issues this upcoming session. Attendees talked about current shortages being experienced in Wisconsin’s health care workforce, including nurse practitioners, physician assistants and primary care physicians.

The group also discussed the benefits of Wisconsin’s highly effective worker’s compensation program, which gets injured workers back on the job faster than nearly every other state in the nation.

Governor Walker’s Health Care Staff Tours Safety-Net Hospitals, Family Medicine GME Site

Casey Himebauch, policy director for Gov. Scott Walker, toured the Mosaic Family Health clinic in Appleton, Wheaton Franciscan-St. Joseph Campus in Milwaukee and Aurora Sinai Medical Center in Milwaukee August 19.

Mosaic Family Health Director Lee Vogel, MD and members of her graduate medical education (GME) team met with Himebauch to talk about the operation of a physician residency program, discuss how the Governor’s previous investment in GME has helped expand their family medicine program in the Fox Valley and discuss the additional needs in GME necessary to expand access to physicians in Wisconsin.

Himebauch then visited St. Joseph Hospital, where Ascension Wisconsin Market Leaders Deb Standridge and Travis Andersen discussed the impact of Wisconsin’s Medicaid reimbursement rates (continued on page 5)
Grassroots Spotlight

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on the operation of St. Joseph hospital and the unreimbursed work St. Joseph’s is doing to connect individuals with chronic illness into primary care providers. Himebauch also toured the hospital’s Women’s Outpatient Center.

Finally, Himebauch visited with hospital and system leaders from Aurora Sinai Medical Center. Himebauch learned about Sinai’s initiatives to coordinate care for patients who present in the hospital emergency department, the hospital’s collaboration with Progressive Community Health Center and Sinai’s operation of the Sexual Assault Treatment Center.

DHS Application for Mandatory Pain Clinic Certification Now Available

Publication begins 30-day application deadline

On August 23, the Department of Health Services (DHS), Division of Quality Assurance (DQA) published DQA Memo 16-010 (https://www.dhs.wisconsin.gov/dqa/memos/16-010.pdf) providing notification of the Pain Clinic Certification Program. The DQA Memo provides information on DQA’s implementation of 2015 Wisconsin Act 265 that creates new regulations and certification requirements for “pain clinics.” Hospitals and nursing homes, among others, are specifically excluded from the scope of Act 265 and the requirements provided in DQA Memo 16-010.

Importantly, pain clinics regulated by Act 265 and DQA Memo 16-010 have until 30 days from the August 23 publication date of the DQA memo to submit an application for certification to DQA. At this time, the application is not available online; pain clinics must contact the DQA Bureau of Health Services (BHS), Licensing, Certification, and CLIA Section at 608-266-7485 or DHSDQACLIA@dhs.wisconsin.gov.

While each pain clinic location is required to be certified, a business entity that owns more than one pain clinic may apply for a single certificate for all pain clinics it owns.

In spring 2016, WHA created a summary of Act 265 that provides additional information on the definition of a pain clinic regulated by the Act, exclusions, and requirements for regulated pain clinics. All of WHA’s 2016 Act Summaries, including the summary of Act 265, can be found in WHA’s Members Only section of its website (https://members.wha.org) under the Legal Resources tab.

If you have questions, contact Matthew Stanford, WHA general counsel, at mstanford@wha.org or 608-274-1820.
WHA Legal & Regulatory Webinar Series Highlights Hot Topics for Hospitals

Registration is still open for the next offering in WHA’s Legal & Regulatory webinar series - “Managing Risk in Telemedicine Platforms” on August 31. This webinar will identify the primary risk management issues and provide guidance for establishment of best practice policies for this delivery model. The session will be presented by Guy DuBois of Axley Law Firm, a WHA corporate member.

Online registration for this session, as well as all other sessions scheduled as part of the Legal & Regulatory webinar series can be found at https://events.SignUp4.net/16LegalSeries.

There is no fee for webinars in this series, but pre-registration is required. The series is intended for WHA hospital and corporate members as a member benefit, and will include a range of topics, each presented by a representative of a WHA corporate member law firm.

In addition, if you missed any of the previous webinars from this series, the slide decks and audio recordings are available on demand in the WHA Member Portal. Currently, that includes the session “A Practical Approach to Complying with EMTALA,” originally presented July 13, and “Examining the DOL’s Final White Collar Exemption Regulations,” originally presented July 19.

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.

Enrollment Conference September 19-20

Open enrollment for the health insurance exchange coming November 1

The Wisconsin Enrollment Conference is an important educational and networking forum on health insurance access and enrollment will take place on September 19-20 at the Kalahari Resort in Wisconsin Dells. This year, as in past years, the Wisconsin Hospital Association is a sponsor for this event. Since the first health insurance exchange open enrollment period in 2013, hospitals and health systems have devoted staff and resources to help patients understand and enroll in coverage.

The Conference will have speakers from the Centers for Medicare and Medicaid Services, Kaiser Health News, the National Committee for Quality Assurance, the Department of Health and Human Services Regional office, and numerous local experts. Additionally, by attending the conference, certified application counselors (CACs), navigators, and health insurance agents and brokers can fulfill state training or eight continuing education credits as required by the Wisconsin Office of the Commissioner of Insurance. Visit the conference website at www.coveringwi.org/#enrollment-conference/gzw83 to register and learn more.

Register for the 2016 Wisconsin Healthy Hospitals & Clinics Forum

The second annual Wisconsin Healthy Hospitals & Clinics Forum, “What Health Looks Like: Policy, Practice, and Community Connections,” will be held September 30, 2016 at the Sheraton Hotel in Madison.

The day will include learning and networking. Health systems around the state will describe how they’ve implemented changes to create a healthier environment. Tracks include: Farm to Hospital, Healthy Food & Beverage, Maternity Care Practices and Sustainability.

Keynote speakers Jeff Thompson, MD, former CEO, Gundersen Health System, and Thia Bryan, senior product consultant, HealthPartners, will share practical applications to improve hospital and health system policies. In addition, 16 breakout presentations surrounding policy, practice, employee and patient satisfaction, and community connections will be offered.

The registration fee is $65. Register at: http://events.r20.constantcontact.com/register/event?llr=zs7gbi cab&oeidk=a07ecxw68sif10717f6. For additional information, contact Michelle Moreau at mlmoreau@uwcarbone.wisc.edu or Nan Peterson at npeterson@uwhealth.org.
The Wisconsin Department of Health Services (DHS) will be hosting a webinar August 31 from 12:00 – 1:00 pm that will provide important clinical information related to Zika. To register, go to https://connect.wisconsin.gov/zika. Primary health care providers, obstetricians/gynecologists, and other health care professionals with interest in this outbreak are encouraged to participate.

Objectives of the webinar are to:

- Provide an overview of Zika, the current status of the outbreak and its implications for Wisconsin
- Describe Wisconsin’s process for identifying potential Zika cases and testing performed at the State Laboratory of Hygiene
- Describe currently available tests for Zika virus infection and their limitations
- Provide information regarding recommendations for patients traveling to and returning from Zika affected areas
- Discuss the care guidelines for pregnant women diagnosed with Zika infection and their infants
- Describe national efforts to learn more about Zika infection and its effects, including the pregnancy registry and birth defects surveillance
- Detail the guidance for testing and assessment at delivery for infants born to mothers with possible Zika infection during pregnancy
- Provide an opportunity for Q&A

The webinar will be recorded and a link to it posted on the DHS website at https://www.dhs.wisconsin.gov/arboviral/zika.htm.


December 9 Seminar to Focus on 2017 Updates for the Chargemaster

WHA is sponsoring a one-day seminar, “Preparing the Chargemaster for 2017,” December 9 in Wisconsin Dells.

Back by popular demand, presenter Glenda Schuler will lead attendees in an overview of all 2017 reporting requirement updates and CPT and HCPCS coding revisions. Schuler will focus on updating the chargemaster as well as on strategies for department staff education.

Chargemaster/APC coordinators, chief financial officers, controllers, decision support managers, office managers, compliance auditors, coding staff, pharmacy directors, material managers/purchasing directors, and other directors and managers responsible for the charge generation process are encouraged to attend this event. This program has prior approval of the American Academy of Professional Coders for 5.5 continuing education units.

Again, this seminar will be held at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells on December 9. A brochure is included in this week’s packet, and online registration is available at http://events.SignUp4.net/Chargemaster-1209. For registration questions, contact Kayla Chatterton at 608-274-1820 or email kchatterton@wha.org.
education is resource intensive, and while the state matching grants help defray some of the expenses, they do not cover all the costs associated with supporting a residency or a clinical rotation. In 2015, Wisconsin hospitals and health systems provided $177 million to fund physician medical education.

The programs are on track, according to Borgerding. By 2021, it is estimated Wisconsin will have 73 new medical residents as a result of the new WHA-backed program. The new residency positions have been focused on primary care, including general surgery and psychiatry, and rural medicine.

“We’ve struck the right path and it is shaping up to be a successful public-private model,” said Borgerding. “As the WCMEW report shows, now we need to build on this ‘grow our own’ approach to make sure Wisconsin has enough caregivers for our future.”

Wisconsin has also made significant progress expanding medical school class size at both the Medical College of Wisconsin (MCW), which has opened two new campuses, and the University of Wisconsin School of Medicine and Public Health (UWSMPH), which has gradually increased the class size of their program, the Wisconsin Academy of Rural Medicine (WARM) since its inception in 2007.

“We now increased our medical school capacity by about 50 physicians per year, but if these physicians are not able to match to a residency position in Wisconsin, and they leave the state to obtain their graduate education, we know it is much less likely they will return here to practice medicine,” according to Chuck Shabino, MD, WHA chief medical officer. “We know we can keep about 70 percent of the physicians regardless of where they grew up who attend Wisconsin medical school and complete an in-state residency. Where a physician completes a residency is the best predictor of where they will establish a practice.”

“The competition nationally to recruit physicians is fierce.”

Wisconsin is not the only state facing a physician shortage. Every state is working to increase its medical school capacity and add residency positions, in addition to recruiting established physicians from other states to their own.

“The competition nationally to recruit physicians is fierce. Wisconsin is consistently recognized for its high-quality, high-value health care, delivered by physicians and a team of medical professionals who set high standards for patient care, which makes us a target of sorts,” according to Shabino. “So when other states are scouting for physicians, it’s not surprising they look to Wisconsin.”

Shabino said Wisconsin must continue to focus on remaining competitive with other states by continuously monitoring the supply of and demand for physicians, while ensuring that the aspects of our state that attract physicians, such as a favorable medical malpractice environment are maintained. At the same time, work must continue in other areas to address physician burnout, offer a competitive and sustainable practice environment and minimize the regulatory burden.

“Wisconsin hospitals and health systems are leveraging technology, such as telemedicine, and using multi-disciplinary teams to deliver patient care to optimize their resources as they strive to make care as accessible and affordable as possible,” Borgerding said. “Great health care is one of the most important assets we have in our state, delivered by dedicated, highly-skilled professionals. We will work with our local stakeholders and elected officials to ensure that Wisconsin remains competitive with other states to recruit, and retain, our health care workforce.”

Read the WCMEW report and news release at www.wcmew.org.
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Rohrkaste also commended Wisconsin’s health care providers, acknowledging that high-quality health care is an asset to Wisconsin’s economy.

“You’ve done a great job of reducing readmission rates because that reduces costs. We need to reduce ER visits that aren’t really emergencies. Those are the drivers,” according to Rohrkaste. “The biggest driver, the root cause of health care costs, is bad choices. We have to take greater responsibility for our own health care. Promote screenings—that is how you save money in the long run.”

In the next session, Rohrkaste said he will focus on workforce.

“We should be (making) targeted investments in the UW System and spend in the areas that have the most shortages. We need more residency programs for our MDs,” he said. “We have to do that in the manufacturing sector as well. There needs to be more investment in those areas as well...we need to invest the money in the critical shortages. From my background in HR, I understand this: focus on the employee types we need. Get kids interested in this. It changed our whole recruitment dynamic to get kids interested in those fields.”

In the last session, Rohrkaste co-sponsored and voted in favor of WHA-supported legislation to establish two mental health pilot programs in Medicaid, create the online inpatient mental health bed tracking system, enact the Interstate Medical Licensure Compact and reform Wisconsin’s hospital and ASC discharge data collection program through the Health Care Data Modernization Act. He also led the Speaker’s Task Force on Alzheimer’s and Dementia, creating the Wisconsin Cares initiative that provided additional resources for respite care, education for caregivers and employers on Alzheimer’s and dementia, and training for mobile crisis teams.

Groundwork for WHA’s 2017 legislative agenda has begun

Kyle O’Brien, WHA senior vice president, government relations, said WHA has met with several dozen candidates to help them understand the issues facing WHA members. O’Brien said those meetings lay the groundwork for WHA’s 2017 legislative agenda. In addition, O’Brien said WHA has:

- Facilitated scheduling six HEAT Roundtables completed or in-process through mid-September, and will its meet goal of scheduling at least 10 HEAT Roundtables with state senators not up for re-election in 2016;
- Begun engagement with the Walker Administration on Medicaid, workforce and worker’s compensation for the 2017-19 budget; and,
- Started working on a Medicaid agenda through the WHA Medicaid Work Group.

“Legislators know our Medicaid rates are low,” O’Brien said. “They want to do something about it, so we want to bring them specific solutions and ask them to make targeted investments in Medicaid.”

Workforce is always a WHA priority, and on August 23, the Wisconsin Council on Medical Education and Workforce (WCMEW) issued a report (www.wha.org/Data/Sites/1/workforce/2016physicianReport-WCMEW.pdf) that documented and analyzed the current state of the physician workforce, and made recommendations for the future. (See article on page 1 of this issue of The Valued Voice.)

WCMEW Executive Director George Quinn said the population over 65 is increasing at the same time the age cohort between 18 and 64 is decreasing, which is contributing to the workforce shortage and driving demand. He said efforts to address the physician shortfall, such as adding in-state residencies, must continue, and even increase, to avert a major crisis by 2035.

Team-based care state regulatory reform package in development

WHA’s members continue to develop new integrated and team-based models of care that utilize non-physician health care professionals in ways that leverage those professionals’ expertise in a team-based

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care setting. Although models of care are evolving, licensure and scope of practice laws don’t always keep pace.

WHA General Counsel Matthew Stanford said WHA is developing a package of reforms to Wisconsin’s various non-physician licensure laws that can help WHA’s members further advance emerging integrated and team-based models of care. Stanford sought input and ideas from the Council on specific changes to Wisconsin laws that could reduce barriers to team-based care that their organizations are currently facing.

Federal advocacy update

WHA Senior Vice President Joanne Alig informed the Council that WHA continues to closely analyze the impact the new quality payment program for physicians created under the Medicare and CHIP Reauthorization Act (MACRA) of 2015 will have on WHA members. MACRA creates two paths for clinician reimbursement beginning in 2019—Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).

Interest in MACRA is high. In part, Alig noted, because the timeline for understanding the complexities of the law and proposed rules is short, let alone to begin to implement processes for improvement. The performance year for MIPS and APMs begins January 1, 2017, and the rule isn’t expected to be final until around November of this year. As part of its effort to educate members, WHA is offering two webinars on the topic. The first webinar took place August 25, when more than 150 people heard details about the MIPS path presented by WHA Chief Quality Officer Kelly Court and Brian Vamstad, federal government relations consultant, Gundersen Health System. A second webinar focusing on APMs will be hosted by WHA later this fall.

Alig said that the Centers for Medicare & Medicaid Services (CMS) expects the majority of eligible clinicians to be on the MIPS path in 2019, but hopes over time more will participate in alternative payment models. Alig noted that hospitals, health systems and their physician partners will need to analyze which path is best for their organizations and their patients, as overall reimbursement for eligible clinicians will be tied to participation in MIPS or APMs.

Jenny Boese, WHA vice president, federal affairs & advocacy, provided an update on the Bipartisan Budget Act of 2015, which impacts some provider-based hospital outpatient departments (HOPDs). She provided an update on legislation, HR 5273, seeking to fix the law for a small sub-set of HOPDs caught up in this issue as well as an overview of the CMS proposed implementation guidance. That guidance was released in the FY 2017 Outpatient Prospective Payment System proposed rule. WHA believes the guidance is an overreach by CMS and will be submitting comments to that effect by the September 6, 2016 deadline.

Wisconsin Hospitals State PAC and Conduit update

Jenny Boese and Nora Statsick provided an update to the Council. In this pivotal election year, Boese asked Council members to remember that elections matter and participation is important. Individuals working in hospitals and clinics large and small across the state have contributed almost $220,000 to the Wisconsin Hospitals State PAC and Conduit, but everyone’s participation is needed to reach the $300,000 goal. Boese said this goal is part of WHA’s integrated approach to advocacy, which includes directly lobbying elected officials, engaging hospital constituents with those elected officials (through WHA programs like HEAT and Advocacy Day) and by enabling individuals to support candidates for state office through contributions to the Wisconsin Hospitals State PAC and Conduit.