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Hospitals Report ICU Infections on CheckPoint *58% of reporting hospitals had zero CLABSI infections in ICU*

For the first time, Wisconsin hospitals are sharing data that shows how well they are doing in preventing one of the most serious infections that can occur in an intensive care unit—central line-associated blood stream infections (CLABSI). The results, released February 16 and publicly reported on the Wisconsin Hospital Association CheckPoint website (WiCheckPoint.org), show that 58 percent of the hospitals that reported data had zero CLABSI infections in their ICUs during the first six months of 2011.

“Wisconsin hospitals don’t need to be ‘mandated’ to report information that will help consumers make good health care decisions,” said WHA President Steve Brenton. “Once again, hospitals have demonstrated their commitment to transparency by voluntarily reporting infection data on CheckPoint.”

Of the 64 hospitals reporting data, 37 hospitals—58 percent—reported zero infections. Two hospitals performed “better than expected,” and the balance performed “as expected” when compared to the national benchmark prepared by the Centers for

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Rep. Robin Vos Tells WHA Board: The Goal is a Financially-Stable Future *Full agenda includes Medicare cuts, WHA 2012 Goals, advocacy report*

The challenges of the past year have not dampened the enthusiasm that Representative Robin Vos (R-Burlington) has for his work as a member of the State Assembly and as co-chair of the powerful Joint Finance Committee. And he believes Wisconsin is largely headed down a new and positive path.



Rep. Robin Vos

“We have a Governor and a Legislature that say we are going to worry about the future and resist the urge to solve today’s problems with no focus on the long term,” Vos told the WHA Board at their February 16 meeting in Madison. “It is the exact conversation that I had about Family Care. We created wide eligibility...we have no idea what it costs...and we said, ‘we’ll figure it out later.’ Maybe we should figure out what it costs before we expand the program.”

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Guest Column

WHA Releases Workforce Report *By Judy Warmuth, WHA Vice President, Workforce Development*

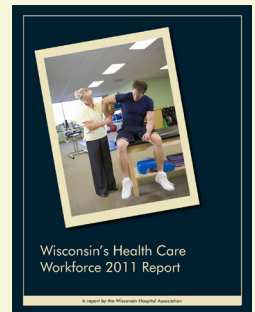
Since joining WHA in 2003, I have researched and produced eight WHA health care workforce reports. Over that length of time, the reports have had a similar message: There is a shortage of workers in health care. Previous reports have described how difficult it was to fill specific positions. Hospitals reported difficulty in filling key positions, which was reflected in the data that I collected from the WHA Personnel Survey. Many positions were difficult to fill.

Then the recession arrived and everything changed.

This year, the WHA report does not focus on shortages. Rather, the report reflects the uncertainty of the environment that our hospitals are facing in the present and what they feel they may experience in the future. This year, instead of focusing on growing the workforce, increasing capacity, and recruiting professionals, I found myself taking a more measured approach in my reporting on the current workforce climate in Wisconsin hospitals.

Wisconsin hospitals still offer great opportunities, stable employment and an enviable career ladder. Those traits have become very important to job seekers and to our communities.

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President's FY 2013 Budget Hits Hospitals

While President Obama's fiscal year (FY) 2013 budget released this week may not ultimately move through the federal budget process, hospitals still have much to be concerned with as various hospital cuts within that budget may continue to linger on.

"The President proposed many of these same hospital cuts last year in his deficit reduction plan," said WHA President Steve Brenton. "Unfortunately, they were bad ideas then and are still bad ideas now."

The President's \$3.8 trillion budget includes \$320 billion in proposed reductions in the Medicare and Medicaid programs. Some of the provisions impacting hospitals are:

- Reducing **bad debt payments** from 70 percent (currently) to 25 percent for all eligible providers, including hospitals, over three years starting in FY 2013. Estimated savings of \$36 billion over 10 years from all providers.
- Reducing **Indirect Medical Education (IME) payments** by 10 percent beginning in 2014, saving approximately \$10 billion over 10 years.
- Threatening **Critical Access Hospitals (CAHs)** by eliminating CAH designation for CAHs 10 miles from the next nearest hospitals (FY 2014) as well as reducing CAH reimbursement by one percent. Estimated savings at \$2 billion over 10 years.
- Phasing down the allowable threshold for **state Medicaid provider taxes** to 3.5 percent over beginning in 2015. Estimated savings at \$21.8 billion over 10 years.
- Altering **federal matching rates for Medicaid** beginning 2017. The proposal replaces the current set of matching rate formulas with one single matching rate per state, which would then be reduced to provide for \$17.9 billion in savings over 10 years.
- Rebasement Medicaid **disproportionate share hospital (DSH)** payments beginning in 2021 to save \$8.3 billion over 10 years.
- Increasing the authority of the **Independent Payment Advisory Board (IPAB)**.

WHA and hospital representatives are in Washington, DC this week to meet with Wisconsin Members of Congress to discuss proposals affecting hospitals, including the ones listed above, as well as the need to find a fix for the physician reimbursement formula. Watch for more details in next week's *Valued Voice* on these visits.

HHS Announces Intent to Delay ICD-10 Compliance Date

Health and Human Services Secretary Kathleen G. Sebelius announced February 16 that HHS will initiate the rulemaking process to postpone the date by which certain health care entities have to comply with ICD-10 standards. Under current rules, health care providers faced a compliance date of October 1, 2013 to comply with ICD-10 standards.

"We have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead," stated Secretary Sebelius. "We are committing to work through the rulemaking process, with the provider community, to reexamine the pace at which HHS and the nation implement these important improvements to our health care system."

Secretary Sebelius did not indicate a new compliance date in the announcement, but instead only stated that rulemaking would be initiated to set a new compliance date.

Hospitals and clinics have and continue to make significant investment in resources in order to plan for and implement the ICD-10 billing and coding mandate. To facilitate implementation of the mandate, WHA has offered numerous resources to hospitals and is a founding member of the Wisconsin ICD-10 Partnership. Links to those resources and the WI ICD-10 Partnership can be found on WHA's website at www.wha.org/billingCollectionCoding.aspx.

Watch *The Valued Voice* for future information as WHA continues to monitor this developing story.

President's Column

President Obama Piles on – Budget Takes Multiple Whacks at Hospital Piñata

Last week's column described hospitals as the Medicare piñata—seemingly the featured “go to” for funding offsets needed to fix payment problems and reduce the budget deficit. The Obama Budget presents a “more of the same” approach to cutting providers (especially hospitals) Medicare payments. The initiative, unveiled February 13, is a carbon copy of proposals offered up last summer. It is an unserious political document that would reduce Medicare/Medicaid spending by over \$300 billion during the next decade by expanding onerous price controls on the nation's hospitals.

The Obama Budget presents a “more of the same” approach to cutting providers (especially hospitals) Medicare payments.

The Obama budget is “political” because it takes the easy route of extracting “savings” from providers as opposed to making tough decisions like increasing the Medicare eligibility age for seniors. It

is “unserious” because it is viewed as “going nowhere” by almost everyone—due more to its large tax increases than to its Medicare provider cuts. It is a campaign manifesto.

Regrettably the Obama budget provides cover for Republicans who can claim “bipartisan support” for taking their own whack at the hospital piñata. And that's just what they will do as they seek funding to offset dollars needed to “fix” the looming physician payment (SGR) problem.

Regrettably the Obama budget provides cover for Republicans who can claim “bipartisan support” for taking their own whack at the hospital piñata.

As noted elsewhere in this week's *Valued Voice* (see page 2), (Medicare bad debt and post-acute care are in the Obama crosshairs. And an Administration that touts the need to advance delivery reform through accelerating a focus on primary care based models is proposing cuts to funding that supports residency programs that produce physicians who can lead those transformative models. This comes the same week that yet another study points to looming physician workforce shortages.

Importantly, rural CAHs are again targeted for their own special whacks, including the resurrection of an arbitrary mileage requirement that if enacted will threaten the future of eight Wisconsin CAHs (see link for more on this at www.wha.org/pubArchive/valued_voice/vv9-23-11.htm#5).

Again, as mentioned last week our response must be a sustained and resolute **NO**.

Steve Brenton
President

Special note – To underscore the sheer lunacy of all of this, hospitals will help finance a **10-month** doc “fix” by taking a haircut on Medicare bad debt payments for **10 years**. But in reality, hospitals will **never** see the cut restored.

DHS Nearing Agreement with Feds on Medicaid Waiver

In the latest round of negotiations with CMS on the Medicaid maintenance of effort waiver, CMS sent a letter dated February 15 to the state's Medicaid Director, Brett Davis, outlining the current status of the Wisconsin requests to streamline eligibility and enrollment. The letter was in response to a February 9 request from Davis that CMS move quickly to approve the waiver.

Similar to a December CMS letter, the February 15 letter provides preliminary approval for some policies, stating that official approval is still pending. The February 15 letter also provides a more comprehensive status report of many of the eligibility related changes proposed by the Department of Health Services (DHS) last October.

Of note, CMS is requiring DHS to withdraw its requests related to cost sharing, stating that imposing cost sharing in addition to premiums could result in burden on beneficiaries in excess of what is allowable under federal law. Unless further negotiations occur on this point, this could mean that the higher copayments proposed by DHS—including the \$100 emergency room copayment—are off the table.

Some of the other significant highlights from the recent correspondence between DHS and CMS include:

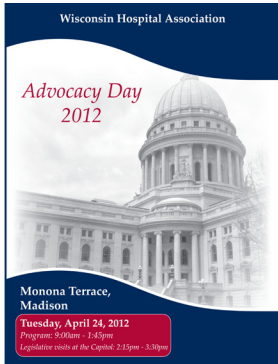
- DHS originally proposed premiums of 5 percent of household income for children and adults in households with income above 150 percent of the federal poverty level (about \$28,600 for a family of three). In contrast to the original request, the letter indicates that DHS and CMS have been negotiating an alternative premium structure—one that mirrors premiums in PPACA—and would only be applied to adults. The premiums would start at 3 percent for adults with household income at 133 percent of the federal poverty level, and increase to 6.3 percent for adults with income at 200 percent of the federal poverty level.
- DHS and CMS have reached agreement on the application of the 9.5 percent affordability test with respect to employer-sponsored insurance. However, still outstanding is the definition of employer-sponsored insurance and the benefits included in such insurance.
- DHS is withdrawing its proposal to eliminate presumptive eligibility for children.
- DHS is also withdrawing its proposal to include the income of all adults living in the household when determining eligibility.

CMS committed to meeting with DHS within a week to further discuss the policy decisions. DHS and CMS would also have to reach a final agreement on the final terms and conditions. DHS has stated publicly that they intend to provide adequate notice to Medicaid recipients about the program changes. At last week's WHA Medicaid Advisory Group meeting, Davis noted that he expects an implementation date no earlier than July.

To see the February 9 letter from Brett Davis to CMS, go to www.wha.org/Data/Sites/1/medicaid/DHStoCMS2-9-12.pdf.

To see the February 15 letter from CMS to Brett Davis go to www.wha.org/Data/Sites/1/medicaid/CMStoDHS2-15-12.pdf.

Make An Impact in Madison on April 24... Register Today for WHA Advocacy Day Pollster Kellyanne Conway to Keynote



As we move into this important and volatile 2012 election cycle, make plans today to attend Advocacy Day in Madison on April 24. Nationally-known pollster Kellyanne Conway will offer the opening keynote, discussing the “pulse of the nation.” Conway is founder and president of the polling company™, inc., founded in 1995, and headquartered in Washington, DC. She is one of the most quoted and noted pollsters on the national scene, having provided commentary on over 1,200 network and cable television shows and countless radio shows and print stories.

The ever-popular legislative panel discussion will round out the morning, and Governor Scott Walker has been invited to offer the luncheon keynote.

The highlight of Advocacy Day is always the hundreds of attendees who take what they’ve learned during the day and then meet with their legislators in the State Capitol in the afternoon. WHA facilitates these meetings and provides transportation to the Capitol. Speaking up on behalf of your hospital by meeting with your legislators during Advocacy Day is essential in helping educate legislators on your hospital and on health care issues.

Make an impact for your hospital in Madison by attending WHA’s 2012 Advocacy Day, set for April 24 and offered free of charge at the Monona Terrace. Register your hospital team today, including your senior leaders, trustees and volunteers, for this important event at: <http://events.SignUp4.com/AdvocacyDay12>.

For Advocacy Day questions, contact Jenny Boese at 608-268-1816 or jboese@wha.org. For registration questions, contact Lisa Littel at llittel@wha.org or 608-274-1820.

Jamie Orlikoff and Ian Morrison to Headline 2012 Rural Health Conference June 27-29 at The Osthoff Resort in Elkhart Lake

Mark your calendar for this year’s Wisconsin Rural Health Conference, the forum for examining the issues that impact small and rural hospitals most. The 2012 event will take place June 27-29 at The Osthoff Resort in Elkhart Lake.

WHA’s Council on Rural Health met on February 13 for the initial planning of this annual event and have crafted an appealing and diverse education agenda. Renowned health care governance and leadership expert Jamie Orlikoff will offer the opening keynote, examining the challenges and opportunities confronting rural health care providers and emphasizing practical strategies to keep executive leaders

and Boards of trustees ahead of the demanding curve of change. Orlikoff has specialized in health care governance and leadership, strategy quality and organizational development for over 30 years. He is the national advisor on governance and leadership to the American Hospital Association and Health Forum, and is the senior consultant to the Center for Healthcare Governance. He was named one of the 100 most powerful people in health care in the inaugural list by *Modern Healthcare* magazine.

The Council also identified a variety of pertinent concurrent session topics, including several related to hospital governance and others focused on medical staff-related topics and issues.



Jamie Orlikoff

Ian Morrison

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Normington-Slay Confirmed to Rural Health Development Council

On February 14, the Wisconsin Senate confirmed the appointment of Jeremy Normington-Slay, CEO of Moundview Memorial Hospital and Clinics in Friendship, to the Rural Health Development Council.



*Jeremy
Normington-Slay*

Created in 1989, the Council makes recommendations on ways to improve the delivery of health care in rural communities and on ways to coordinate the policies of state and federal programs relating to rural health care delivery.

The Council also provides advice on matters related to the Wisconsin Loan Assistance Program for physicians, dentists, dental hygienists, and non-physician providers such as nurse practitioners, physician assistants, and certified nurse mid-wives and on ways to evaluate the linkages between rural health facilities and economic development.

The Council includes 13 governor appointees that are confirmed through the advice and consent of the senate. Each of these members serves five-year terms. In addition, designees of the Wisconsin Economic Development Corporation, the Department of Health and Services, the Department of Agriculture Trade and Consumer Protection and the Department of Workforce Development serve on the Council. The appointed members include:

- A representative from the University of Wisconsin School of Medicine and Public Health,
- A representative from the Medical College of Wisconsin,
- A representative of the Wisconsin Health and Educational Facilities Authority (WHEFA),
- Two representatives of private lenders that make loans in rural areas,
- Two representatives of health care facilities located in rural areas,
- A physician,
- A dentist,
- A nurse,
- A dental hygienist, and
- A representative of public health services.

"I was complimented by a bipartisan appointment during this complex political period," Normington-Slay said, commenting on his approval. "I am excited to see how I can add value to the health of the state of Wisconsin in this capacity."

Governor Walker nominated Normington-Slay as a representative of a health care facility located in a rural area to fill a vacant seat on the Council with a term expiring July 1, 2015.

WiSHHRA Annual Conference for Human Resource Professionals, April 18-20

The Wisconsin Society for Healthcare Human Resource Administration (WiSHHRA) will host its annual conference for health care HR professionals from April 18-20, at The Osthoff Resort in Elkhart Lake.

The 2012 conference will focus on leadership through these changing times in health care and will open a keynote session presented by Steve Tyink, focused on understanding patient perceptions, how they are created and how they translate into patient satisfaction. This year's conference will also include the popular annual legal and legislative update sessions, as well as four best practice sessions, allowing attendees to learn from their peers.

Anyone who has human resource responsibilities in a health care organization will benefit from the educational agenda and is welcome to attend. An "early bird" discount is available for registrations received by March 4. In addition, the program has been submitted to HRCI for continuing education/recertification credit.

The full conference brochure is included in this week's packet and online registration is available at <http://events.SignUp4.com/12WiSHHRA>. For registration questions, contact Lisa Littel at 608-274-1820 or email llittel@wha.org.

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Vos is similarly concerned about the future of the Medicaid program, which remains \$92 million over budget. He said he is interested in looking for ways to control utilization that will hold the line on the rising costs of the program and help direct Medicaid patients to the most appropriate level of care.

"DHS Secretary Smith has been working with the CMS to get our waiver requests approved," according to Vos. "I know you don't want to charge co-pays, but we must reduce utilization or figure out a new method for funding the program. We are open to making the process better."

Vos said he is not sure how much money will be saved by making changes in eligibility, but he is concerned about the impact it will have on hospitals.

"I don't know what savings these changes will bring, but I do know it could result in more uncompensated care because you are still going to get these patients when they become sick," he added.

WHA Executive Vice President Eric Borgerding said, "It is hard to implement co-pays in the Medicaid program because they are very difficult to collect, and withholding services at a hospital is not an option like it may be for other health care providers. Our members are under a legal obligation to take care of every one that shows up in our emergency departments, regardless of payment. That is the difficult element of this public policy issue."

Borgerding asserted that part of the challenge is that the Medicaid program has grown because eligibility was expanded, with bipartisan support.

"So one of the questions becomes, how many people are on Medicaid that could have been on their employer's coverage?" Borgerding asked. "We need to find a public policy happy medium where Medicaid remains a safety net, does not evolve into an alternative to employer coverage and program reforms do not leave people uninsured."

Brenton Presents 2012 Association Goals; Recognizes Ed Olson

WHA President Steve Brenton began his report by recognizing Board member Ed Olson, chief external affairs officer at ProHealth Care, for his years of leadership to the Association.



From left: Board Member Ed Olson, Chair Sandy Olson, President Steve Brenton, Chair-Elect Dan Neufelder

"I was with Waukesha Memorial Hospital for 29 years, at ProHealth for the last year, and I have to say, I love hospitals. It will be a difficult departure," Olson said. "You are advocating for an industry that I love and I appreciate that very much."

Brenton presented the 2012 WHA Goals to the Board, which received unanimous approval. He said he received a lot of input from Board members and described the goals as a "thematic, high-level work plan" that aligns with the Association's priorities.

WHA Senior Vice President Brian Potter shared the preliminary yearend financial results for WHA and the WHA Information Center. Potter said data sales have been strong, driven in part by the implementation of health reform. He said the audited financial statements for both organizations will be presented at the April Board meeting.

Federal Advocacy: Hospitals Are the New Medicare Piñata

While Brenton's PowerPoint slide depicting hospitals as the new Medicare piñata drew some chuckles, it is no laughing matter what is going on in Washington these days. As Congress struggles with a massive

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budget deficit and seeks a way to fund a 10-month fix for the physician payment issue, hospitals are taking a brutal beating. The 10-year impact of the reduction in the allowable bad debt write-off needed to pay for the SGR patch will be at least \$50 million for Wisconsin hospitals.

"Add in the scheduled two percent cut for all Medicare providers starting January 1, 2013 and it's a big deal," Brenton said.

Brenton said the budget introduced by President Barack Obama February 13 is a "carbon copy" of what he introduced last September. Of great concern is a reduction in Indirect Medical Education (IME) payments just as the nation faces an imposing physician shortage.

The goal is still to repeal the provision in the health reform law that allowed a small hospital in Nantucket to change its status from a CAH to a rural hospital, that then allowed all hospitals in Massachusetts to benefit from an artificially-higher wage index and glean a windfall in payments from the Medicare program at the expense of hospitals in nearly every other state.

"For Wisconsin hospitals, it's a loss of \$10 million a year," Brenton said. "And we want all our money back."

WHA Success in Quality Improvement Collaboratives Fosters New "Partners for Patients" Program

With 97 percent of Wisconsin hospitals participating in a hospital engagement network (HEN), Brenton told Board members that Wisconsin can boast one of the highest enrollments in the country. Brenton said 106 hospitals are participating in the WHA "Partners for Patients" initiative, and 18 more are working with other networks.

"It is an astounding project," Brenton said. "It's a tribute to the work Kelly is doing that our members are engaged and eager to be part of something going forward that will raise quality even higher in Wisconsin."

WHA Chief Quality Officer Kelly Court said while other states are "struggling" to recruit hospitals, it was relatively easy to sign Wisconsin hospitals up for the project.

"If you can't get a critical number of hospitals to commit, you can't get traction on improving quality in collaboratives, and with more hospitals, it becomes easier to achieve the level of quality that you are trying to reach," according to Court.

The Centers for Medicare and Medicaid Services (CMS) has set aside about \$1 billion to fund the HENs, and have set aggressive goals in 2013: Reduce hospital readmissions by 20 percent and reduce hospital-acquired harm by 40 percent. CMS expects to save \$35 billion in health care costs; however, Court said CMS already doesn't pay for some of the conditions, so she expects most of the cost savings will come from reducing readmissions. Wisconsin is one of 32 state hospitals associations that are working with AHA's Health Research and Educational Trust (HRET), which is the primary contractor with CMS. HRET is the largest engagement network in the CMS project.

Hospitals are now completing a self assessment that will be returned to WHA staff, who in turn will review the assessments and work individually with hospitals on choosing which conditions they will work on.

Court said leadership engagement is a cornerstone of a successful quality improvement effort.

"We will spend a lot of time looking at leadership engagement, the culture of safety, and the use of the comprehensive unit-based safety program," Court said.

Court said a benefit for Wisconsin will be the focus on smaller and Critical Access Hospitals. HRET will create peer groups for all hospitals, and it will also aggregate the state data and submit it, in aggregate,

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to CMS. The goal is to minimize the collection of new data by using existing measures and leveraging data that is already available through the WHA Information Center. Any new measures will be chosen by the hospitals working on the topics.

“Our big role is to create the networks and get our hospitals sharing and help Wisconsin get way out ahead in terms of our ability to improve the quality and safety of our patient care,” Court added.

WHA GME Task Force Focuses on Creating New Post-Graduate Training Opportunities

The announcement by two organizations of their intentions to train possibly 100-200 more medical students in Wisconsin has placed a greater sense of urgency on the work of the newly-created WHA Graduate Medical Education (GME) Task Force.

George Quinn, WHA senior policy advisor, reported to the Board that the Task Force approved a work plan that focuses on assisting with the formation of new or expanding existing GME programs. Moving forward, the Task Force hopes to create interest among health systems to expand the number of GME programs in Wisconsin, as well as gain a better understanding of why Wisconsin has such a low number of medical school graduates entering existing residency programs.

Quinn said he participated in a meeting of the Wisconsin Economic Development Corporation (WEDC) where the bio-medical sector was discussed. The WEDC said there is good effort in the area of research and development of patents in Wisconsin, but “what is invented here, is produced elsewhere.” The group requested input on how Wisconsin could encourage the development of manufacturing facilities by creating a synergy between manufacturing and medical education. There are examples in other states where medical education has fostered collaboration with the biomedical industry that can carry research all the way through to commercialization.

Two Medical Schools in Discussions to Expand, Create Programs in Wisconsin

It’s a fact that if a physician completes a residency in Wisconsin, there is a 50 percent chance they will locate a practice here. The odds shoot up to 80 percent if that physician attended a Wisconsin medical school and then does a residency here. So, if the number of students in medical school increases, the number of clinical opportunities and residencies must increase or those physicians will leave Wisconsin.

With that introduction, Chuck Shabino, MD, WHA senior medical advisor, described the plans released by two organizations that are now conducting feasibility studies.

The Medical College of Wisconsin announced their program would focus on primary care. They have made some unique changes in medical education that would shorten the medical school training to three years. It is an immersion model, which means once the student has completed some basic work on the main campus, they would be “immersed” in a community for the remainder of their education.

“The logic there is they would be become part of the community and choose to practice there,” according to Shabino.

The Wisconsin College of Osteopathic Medicine is conducting a feasibility study to locate a new school in Wausau. They say they will admit 100 students per year, preferentially admitting Wisconsin residents. They are in discussions with potential partners to provide financial and clinical support.

Brenton said the focus has to be on creating more residencies, a topic that WHA is treating as a priority that will most likely be discussed at the WHA Board Planning session this summer.

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WHA Continues Work on Behavioral Health Issues

Matthew Stanford, WHA's vice president, policy and regulatory affairs, and associate general counsel, briefed the Board on the implementation of the 12 recommendations contained in the WHA Behavioral Health Task Force's White Paper, which is located at www.wha.org/Data/Sites/1/behaviorhealth/wharecommendationsemergencydetention10-4-10.pdf. The Task Force's White Paper has served as WHA's road map on behavioral health policy issues. Highlights of Stanford's report included an update on the Association's efforts to:

- Align federal law and Wisconsin emergency detention procedures,
- Further collaboration between hospitals, counties, law enforcement, consumers and others on emergency detention issues through the establishment of a new statewide emergency detention collaboration council that WHA is working with the Wisconsin Counties Association to create, and
- Improve mental health care coordination by aligning Wisconsin law with federal HIPAA privacy law.

Stanford said that because multiple and diverse stakeholders play a role in Wisconsin's behavioral health system, affecting behavioral health policy change can be somewhat more complex because of the multiple stakeholder interests. Stanford said that for example, WHA has worked with Republicans and Democrats, county government representatives, law enforcement representatives, various consumer representatives, and others on behavioral health policy issues, particularly emergency detention policy issues.

While work will continue on the Task Force's 12 recommendations, Stanford said that the Task Force also has plans to update its White Paper findings and recommendations in 2012. Stanford said that there have been a number of environmental changes such as implementation of PPACA and county budget cuts since the original White Paper that the Task Force would like to consider and reflect in an updated behavioral health policy White Paper.

Out of the Frying Pan and...Into the Recalls

As the 2011-12 legislative session draws to a close, Borgerding provided a status report on several key matters. With Governor Walker's decision to not accept nearly \$40 million federal "Early Innovator" funds that were being used to help create a Wisconsin-run Health Insurance Exchange, all work on a Wisconsin exchange has come to a halt. Borgerding reminded the Board that if a state fails to set up and run its own exchange, the federal government steps in and sets up their own—with parameters that the state must follow. WHA remains concerned about the possibility that Wisconsin will not have control over the exchange, but Borgerding also noted that the federal government must approve a state-run exchange, and is still designing the rules and parameters for states to follow.

"If a state says it wants to run its own exchange, that doesn't necessarily mean it will, or will be able to on its own terms," Borgerding said. "Ultimately, it will still be the federal government that determines if and how a state will run 'its own' exchange." Borgerding also noted that until the Supreme Court rules on the constitutionality of the health reform law, much of what needs to be implemented is up in the air. If the law is ruled constitutional, the hope is that Wisconsin can assemble a state-level exchange in time to meet the January 1, 2013 deadline for demonstrating that it could run its own exchange.

The Medicaid deficit is now at \$92 million in state funds, down from a projected deficit of \$500 million in 2011. Borgerding noted that the program faces a deficit even though the Legislature and Administration infused Medicaid with nearly \$1.3 billion in new state funding this biennium. To find savings, DHS has offered a number of reforms, including many that need approval of the federal government through waivers and new state plan amendments. WHA continues to be very engaged in the process, weighing in with government officials and the Legislature on issues that could impact hospitals. On February 15, CMS sent a letter to DHS outlining the current status of the negotiations on the waiver and state plan amendment details. (See story on page 4.) *(continued on page 11)*

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Brian Potter reported on the Medicaid Advisory Group meeting that was held February 9. The meeting focused on pay-for-performance measures for fee-for-service Medicaid services. DHS initially was set to release these provisions in 2011, but delayed them until July 2012. Potter said WHA's priorities related to the pay for performance measures are that they create no additional administrative burden for hospitals and that the measures must be for conditions that are within the control of the hospital. From an initial list of 26 measures, DHS is now down to six. WHA has been working with DHS staff during this process and DHS is also taking comments from interested parties on this new program through the end of February.

In post-budget advocacy activity, Borgerding said WHA staff has been actively working to affect the processes at both CMS and at DHS that will be used to create and implement Medicaid reforms.

Borgerding pointed out that the WHA-supported Quality Improvement Act (QIA), passed into law one year ago at the beginning of the 2011-12 legislative session, has made a difference every day in every hospital in Wisconsin. The QIA is encouraging more improving collaboration and sharing of best practices so all hospitals can benefit for advances that will improve the quality and safety of patient care.

Borgerding referenced the WHA 2012 goals and said staff continues to work on a comprehensive strategy that will address the job skills gap that is vexing employers and promote the part that hospital play in creating a good business climate by holding down health care costs that attract new business to the state.

WHA Membership Remains United on Advocacy Front

Borgerding said out of 700 lobby groups, the most recently-released lobby results showed that WHA is fourth in reported hours and third in reported spending. WHA officially registered with the Government Accountability Board as lobbying on nearly 100 bills, rules and topics.

He noted that WHA is "stronger than ever" during these challenging times in health care. Membership is engaged and growing, and that "WHA's dynamic approach to advocacy reflects our grasp of the evolving, aligned and systems approach to delivering health care in Wisconsin.

Wisconsin Remains State to Watch in National Political Scene as Recall Elections Heat Up

In analyzing the upcoming recall elections and their potential impact on WHA's policy priorities, Borgerding said Wisconsin is "ground zero" for the political battles that are gripping the nation. As a result, he said a great deal of money from outside the state is expected to flow into Wisconsin from both sides that could dwarf in-state contributions.

Council Reports

Medical and Professional Affairs – Kelly Court: The Board approved a recommendation from the MPA to add the last of the ten Surgical Care Infection Prevention (SCIP) measures, peri-operative beta blockers, to CheckPoint.

Rural Council – Ed Harding, Chair: The Rural Council met February 15 and set the agenda for the Rural Health Conference June 27- 29 at the Osthoff Resort. Harding said confirmed speakers include Jamie Orlikoff, Futurist Ian Morrison, and Karen Timberlake, director of the University of Wisconsin Population Health Institute.

Continued from page 1 . . . Hospitals Report ICU Infections on CheckPoint

Disease Control. The report also shows that significantly fewer patients in Wisconsin suffer from a CLABSI than in the nation.

“The performance of these hospitals demonstrates the dedication to and commitment they share in eliminating infections,” according to WHA Chief Quality Officer Kelly Court. “Their focus on quality improvement is evident in the extremely low number of infections in their intensive care units, where their sickest, most vulnerable patients are being treated. Reducing infections in this unit saves lives and reduces length of stay, which in turn, reduces health care costs.”

The CLABSI data is displayed on the Wisconsin Hospital Association’s public reporting website, CheckPoint (www.WiCheckPoint.org). The data includes ICU patients who had a central line. A central line is a tube placed in a vein that is close to or that leads directly to the heart. These lines are used to deliver fluids, administer medications and to draw blood. The data was collected from January 1 – June 30, 2011. Not all hospitals have an intensive care unit.

Wisconsin hospitals have participated in a number of collaborative improvement initiatives that have focused on the reduction and elimination of infections. Since 2009, WHA has worked directly with 42 hospitals across the state to implement clinical and cultural changes that have led to a measurable reduction in CLABSIs.

“The significant reduction in one of the most serious health care-associated infections is testimony to the leadership of WHA and to the commitment of its member hospitals to work collaboratively and report outcomes openly for the good of their patients,” according to Gwen Borlaug, coordinator of the Hospital Acquired Infection (HAI) Prevention Program at the Wisconsin Division of Public Health. “According to the Centers for Disease Control, this success is especially noteworthy in a state with no legislative mandates requiring hospitals to report HAI rates.”

Hospitals have adopted standard practices to reduce, and in many cases eliminate, these infections. These include strict attention to hand washing and preparation of the patient, use of sterile barriers when inserting these catheters and removing the catheters as soon as they are no longer needed.

WHA will launch a new quality improvement initiative in May called “Partners for Patients” that is aimed at preventing avoidable hospital-acquired conditions (HAC) and reducing unnecessary hospital readmissions, including a continued focus on CLABSI. To date, 124 hospitals are participating.

“Wisconsin hospitals all share a common goal, and that is to provide the safest, highest quality care to their patients,” Court said. “In a state that already has a national reputation for delivering high quality care, we are confident that this project is going to keep Wisconsin at the top of the list for achieving the highest levels of improvement.”

Continued from page 5 . . . Jamie Orlikoff and Ian Morrison to Headline 2012 Rural Health Conference

The Rural Health Conference will also include the ever-popular state and federal legislative update co-presented by Rural Wisconsin Health Cooperative Executive Director Tim Size and WHA President Steve Brenton. It will wrap up late Friday morning with a presentation by internationally-known health care futurist Ian Morrison, focused on reinventing rural health care.

The annual Wisconsin Rural Health Conference is a great way for hospital executives, leadership staff and trustees to take advantage of great education, right in your backyard, at a fraction of the travel and registration costs of out-of-state events. Watch for full information and online registration to open in late March.

Job losses have dominated the news. Hospitals have not been immune to the economic downturn, but they have remained stable employers in communities across the state.

Wisconsin hospitals, and other employers do have positions, and it is well publicized that communities have individuals looking for work. Too often, the individuals interested in work cannot fill the available jobs because they do not have the skills, knowledge or education required by the open job. In a recession, this is nothing short of tragic—good paying jobs going unfilled because of an under-qualified workforce. The “skills gap” threatens Wisconsin’s competitiveness on many levels and across many sectors. Employers cannot locate or expand into a community if qualified job seekers are not available. Closing the skills gap must be a top and immediate priority for our state policymakers, educators and employers, including hospitals.

The mismatch may also be location. Individuals looking for work and available health care jobs are in another community or even region of the state. We know that many hospitals are already looking to develop incumbent workers for available jobs. WHA will be working with educators, policy leaders and community agencies to find additional strategies to prepare unemployed and underemployed individuals for current and future community jobs. Watch for more news soon.

When I am asked (most often by parents) if a health career is still a good goal for a young student, my answer is absolutely. The future for health care jobs looks great. An aging population, broader health insurance coverage, and the 24/7/365 nature of many hospital jobs is strong assurance that health care jobs will be available.

But we cannot ignore today’s economic situation as a critical part of the employment conversation. Provider payments cuts may be ahead, and hospitals will likely need to reduce expenditures, which will impact workforce decisions. The significant shortages of health care workers that I have reported in the past are not part of the current situation. Still, good jobs in health care will be available for individuals with the right skill sets, willingness to locate where the job is and interest in providing care for individuals and communities.

The latest WHA Workforce Report is posted at www.wha.org/Data/Sites/1/pubarchive/reports/2011WorkforceReport.pdf. The report outlines the vacancy rate in hospital health occupation positions, the employment trend and a prediction of the future job outlook.

Prior to joining WHA, I had a long career as a nurse. My work schedule varied, but I could count on one thing—I always arrived home from work knowing that I had made a difference in someone’s life. Great jobs where people have a chance to make a difference are what health care careers offer. The economic environment is in a state of change, but the health care work remains a great opportunity.

Care, Comfort and Hope

Wisconsin Hospitals Community Benefits

Access to High Quality Health Services

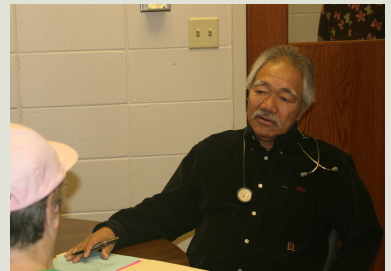
Hospitals do what they can to move health care services out of the clinical setting into the heart of the community. Community health screenings and education classes help raise awareness of steps that individuals can take to improve their health. When people learn more about how their lifestyle decisions affect their health, they make changes that ultimately lead to better health, which raises the health status of the entire community.

Free clinic helps more than 100 area residents in one day

“I didn’t know (the community) had some of these services and I’m glad I came because I’ve been out of a job for two years,” said one participant. “This is a wonderful service. I received a lot of paperwork and signed up for services I needed,” said another individual. A woman who attended with her family said she “liked the family portraits and car seat checks.” “I got the first massage of my whole entire life,” said a 69 year-old participant.

A “Free Community Wellness Clinic” was held 8 a.m. – noon at the Adams-Friendship High School. Adams County’s Faith in Action organization sponsored the event, which benefited area residents who lack proper access to health care and other services.

Staff at Moundview Memorial Hospital & Clinics came up with the idea for the free clinic after hearing about a similar one-day event held in Northern Wisconsin. Several Moundview employees helped plan the clinic, 22 employees volunteered the day of the event and four hospital providers provided free care.



Free health care checkups were available at the event. Pictured is Dr. Ricardo Almonte of Moundview Clinic, one of four health care providers who participated in the event.



Some of the free clinic volunteers pose for a photo

Approximately 120 adults and children of all ages received services the day the free clinic was held. Many brought their entire family. Some of the services offered, such as dental and vision care, filled quickly.

Over 100 volunteers, including 20 area businesses, provided free services to adults and children in our community who were in need of services such as health check-ups, dental care, vision, chiropractic, haircuts, food and clothing, birth to three screenings, mental health, tetanus shots, blood pressure checks, financial assistance advice, medication questions, health care power of

attorney information, “ask a nurse” area, one-on-one nutrition education, family portraits and more.

In addition, child care was provided and free car seat checks were offered. Workshops on dressing appropriately for interviews were available. And, guests could receive vouchers for free food and clothing.

“We are grateful to the many businesses and volunteers who donated their time and services to the community,” said Jeremy Normington, CEO at Moundview and one of the planning committee members. “We also appreciated those who made donations and the businesses who hosted collection sites for food and clothing. We plan to make this an annual event.”

Moundview Memorial Hospital & Clinics, Friendship

Submit community benefit stories to Mary Kay Grasmick, editor, at mgrasmick@wha.org.

(continued on next page)

Wisconsin Hospitals Community Benefits (continued)

Agnesian Care Clinic serves those in need

As the recession tightens its grip on the nation's economy, the number of patients that are unable to pay their bills in part or in full has increased, and enrollment in the state's medical assistance program, BadgerCare, has skyrocketed.

For some, it's the first time they have ever needed to ask for help. For others, it's been a lifetime of struggles.

As part of its ongoing mission, Agnesian HealthCare continues to develop programs that enhance access to health care for those in need.

The Agnesian Care Clinic, which opened in April 2010, has already served more than 500 patients with not only no insurance but for those who are underinsured, including Medicaid and Medicare patients. "In living the mission of Agnesian HealthCare, it comes naturally to help those who have gone without care or less than ideal care because of being uninsured or underinsured," says Louann Biddick, MSN, APNP, Agnesian HealthCare IntegNet director. "I truly believe our clinic meets the holistic needs of all. We have an outstanding team that has come together to give 'simply the best' care to all."

Operated by Agnesian HealthCare's IntegNet, the team accepted this call without hesitation and in a matter of weeks had this effort underway. In fact, the team is averaging 250 to 300 visits for patients who previously experienced access issues in addition to serving more than 300 visits from patients through both the Samaritan Health Clinic and Occupational Health/Injury Care Services.

Agnesian HealthCare empowers staff to live the mission every day.

"It is a blessing to be involved in our patient's lives at all stages," says Mary Kate Friess, MSN, APNP, nurse practitioner. "Sharing in their joys and sorrows is a great privilege."

"I feel called to help others reach wholeness," says Kathleen Grochowski, RN, MSN, nurse practitioner. "This could feel overwhelming at times, but knowing that I am merely an instrument of God keeps me motivated and passionate about my work in health care."

Agnesian HealthCare, Fond du Lac

Annual Women's Health Conference

For 17 consecutive years, St. Croix Regional Medical Center has partnered with Polk County WI Public Health, Chisago County MN Public Health, Fairview Lakes Regional Health Care (MN), and the Hazelden Foundation to host an annual free Women's Health Conference that consistently attracts over 400+ women. The coalition is committed to women's health education and to improving the lives of women in our region.

Held on two spring evenings, this much anticipated community event offers practical health and wellness seminars, health-related activities, and information/inspiration for women of all ages, while primarily focusing on those from 20 to 65. Throughout each of the conference's two evenings, women can participate in health screenings, mini-massage, and breakout sessions on topics such as stress reduction, yoga, and the HPV vaccine, as well as listen to keynote speakers and enjoy healthy snacks.

This year, for example, the conference's featured speaker was Michelle Lee, a Duluth, MN news anchor and celebrated body builder whose topic was "Baby Steps to Fitness." At age 51, Lee was a heart attack waiting to happen—until she began transforming her mental, spiritual and physical health. The conference also provided two other speakers, Snigdha Sagar, MD, from the Sleep Medicine Clinic at University of Minnesota, who provided information specific to sleep problems in women and those they love, and Amy Zastrow, who offered valuable and practical advice on how women can learn to say "yes" to themselves and to ask for what they really want in life.

More generally speaking, these women's health conferences continue to encourage women to "take charge" of their lives and to learn more about healthy living and aging. This comment from a participant evaluation is typical of women's responses to these conferences and in part explains why hundreds participate each year: "I attended because...it was informative, to improve my health, to learn how to reduce my stress, and to be proactive about health issues. My health is changing and I need to increase my exercise. It was a good mix of topics."

Though other area agencies offer women health education events, this conference is different and that's why this group is so committed to making it happen each year. It appeals to both non-professional and professional women, and to diverse groups within our area's communities, in part because it's free and based locally. It's not expensive (the planners absorb any costs), nor does it require a huge commitment of time away from the family or extensive mileage/parking fees. It offers a broad spectrum of free health screenings, some pampering (mini-massage and healthy snacks) and addresses current issues of health in our changing world. The conference has a holistic approach, offering informational topics on mental and physical health, generational concerns, and therapeutics of many kinds.

St. Croix Regional Medical Center, St. Croix Falls



Read more about hospitals connecting with their communities at www.WiServePoint.org.