New and Seasoned Physician Leaders Find WHA Conference Valuable

Seventy different hospitals, health systems and physician groups were represented at the 12th annual WHA Physician Leadership Development Conference, which was held March 10-11 in Kohler. This year’s event drew nearly 150 physician leaders at various stages of their own leadership development, as well as nearly 40 hospital leaders.

Each year, a growing number of physician and hospital leaders use WHA’s annual Physician Leadership Development Conference as one tool to help new and seasoned physician leaders bridge the gap between their traditional clinical training and the new approaches to decision-making and problem-solving they need to consider in their leadership roles.

According to WHA Chief Medical Officer Chuck Shabino, MD, physician and hospital leaders alike find great value in participating in the conference.

“The Physician Leadership Development Conference continues to provide a unique opportunity for physician leaders to enhance their skills and network and learn from other colleagues in attendance,” according to Shabino. “The value of the conference is evident in the number of ‘conference alumni’ who attend year after year; and, this year, we may have had the most alumni in attendance yet.”

The 2018 event is scheduled March 9-10 at The American Club in Kohler. Mark your calendar, share this date with your medical staff, and encourage your new and potential physician leaders to consider attending as part of your team.

WHA Physician Engagement and Retention Toolkit Presented at Summit

The Wisconsin Hospital Association’s Physician Engagement and Retention Toolkit was presented by Charles Shabino, MD, WHA chief medical officer, at the Wisconsin Medical Society’s “Leadership Summit to Improve Physicians’ Experience,” March 30.

The Toolkit, published in December 2016, was created by the WHA Physician Leaders Council in recognition that given the high level of integration of physicians into Wisconsin’s health systems and thus the strategic importance of retention of a cadre of engaged, energized, resilient and committed physicians, an ongoing assessment and evaluation of potential ideas, strategies and resources is worthwhile. The Toolkit provides a series of 140 questions and considerations to help hospitals and health systems review and refine their unique physician retention strategies.

The Toolkit is available to member administrative and physician leaders upon request. Email your request to Kim Drone, WHA government relations coordinator, at kdrone@wha.org.
Physicians are often assigned a role with a hospital or health system’s quality department or committee, or they are asked to lead a quality improvement project. Knowledge about quality improvement tools and principles can increase the likelihood that a physician will be more successful in and comfortable with his/her leadership role.

WHA is offering the WHA Physician Quality Academy to ensure physicians have access to the training and resources necessary to lead quality improvement initiatives. The Academy offers two non-consecutive days of in-person training and access to supporting resources both between and after the live sessions. The Academy will be offered twice in 2017: Cohort #1 will be held May 10 and July 21, and Cohort #2 will be September 29 and November 3. All sessions will take place at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. Each two-part cohort is approved for 10 AMA PRA Category 1 Credit(s)™.

Registration is open for the two Academy cohorts in 2017. The full event agenda and online registration are available at www.cvent.com/d/wvq5nm. An event brochure is included in this week’s packet as well. Attendance is limited to the first 100 registrants per cohort, so register your physicians today.

**WCMEW Discusses Legislative Initiatives, Key Workforce Issues**

Five new residency programs will launch July 1 and four others will expand, thanks to a WHA-championed graduate medical education (GME) grant program administrated by the Department of Health Services (DHS).

Linda McCart, DHS policy chief, told members of the Wisconsin Council on Medical Education and Workforce (WCMEW) at their March 21 meeting at WHA headquarters that the new programs focus on priority shortage areas. New and expanding programs are listed below.

New residency programs starting in July, 2017:
- Gundersen Lutheran Medical Foundation -- Family Medicine
- The Monroe Clinic, Inc. -- Family Medicine
- The Medical College of Wisconsin, Department of Psychiatry, North Central Campus
- The Medical College of Wisconsin, Department of Psychiatry, VA and Green Bay Campus
- The Board of Regents, UW School of Medicine and Public Health, General Surgery Residency Program

Two current programs were expanded:
- Medical College of Wisconsin Affiliated Hospitals, General Surgery Resident Training Program
- UW Department of Family Medicine and Community Health, Family Medicine

In addition, continuation grants for existing programs that were expanded previously were given to:
- Medical College of Wisconsin Affiliated Hospitals, Fox Valley Family Medicine Residency Program
- UW Hospitals and Clinics, Psychiatry Residency Training Program

“The best indicator of where a physician will practice is where they complete their residency,” according to WCMEW Chair and WHA Chief Medical Officer Chuck Shabino, MD. “The GME grants have helped launch many new residency programs in Wisconsin for much-needed residencies in rural areas. We know by creating in-state residency programs we will be better able to compete with other states to keep our physicians here after they complete their residency programs.”

George Quinn, executive director for WCMEW, also discussed two WHA priority health care workforce legislative proposals being introduced in the 2017 legislative session. Both proposals are meant to (continued on page 3)
address shortages of health care workers in rural areas of Wisconsin. The first bill appropriates $750,000 per year in grant funds to hospitals and clinics to support clinical training opportunities for advanced practice clinicians.

The second bill appropriates $250,000 per year to distribute grants to hospitals, health systems and educational entities that form health care education and training consortia for allied health professionals. The funds, which require an equal match from the recipient, may be used for curriculum and faculty development, tuition reimbursement, or clinical site or simulation expenses.

Shabino and Matthew Stanford, WHA general counsel, discussed WHA’s “Physician Engagement and Retention Toolkit,” a publication created as a WHA member benefit to help hospitals and health systems further identify and evaluate their internal strategies for retaining physicians. The toolkit is available to WHA members and was a product of work by the WHA Physician Leaders Council throughout 2016.

Kara Traxler, Wisconsin Collaborative for Rural GME, provided an update on the Wisconsin Northern & Central Graduate Medical Education (WiNC GME) Collaborative. WiNC has held several planning meetings and has concluded the consortium will have a dual purpose: 1) GME administration and sponsorship and 2) regional workforce development.

Traxler also reported on a meeting with representatives of the Centers for Medicare and Medicaid Services (CMS), who were invited to Wisconsin to hear about GME activities and to gain insights into challenges in developing rural GME.

WHA Advocacy Day Legislative Leadership Panel Confirmed

Almost 750 registered already and counting!

The Wisconsin Hospital Association is pleased to announce a stellar legislative panel is confirmed for 2017 Advocacy Day. Confirmed panelists include the Republican and Democratic leaders in both the State Senate and State Assembly: Sen. Scott Fitzgerald (R-Juneau), Sen. Jen Shilling (D-La Crosse), Rep. Robin Vos (R-Rochester) and Rep. Peter Barca (D-Kenosha).

Sen. Fitzgerald is the Senate Majority Leader, the most powerful position in the Wisconsin State Senate. Sen. Shilling serves as the Senate Minority Leader and leads the Democrats in that Chamber. On the Assembly side, Rep. Vos serves as the Speaker, the most powerful position in the State Assembly while Rep. Barca leads the Democrats as the Minority Leader. As always, the panel provides attendees in-depth insight into the issues facing health care in our state—and there is a lot to talk about in 2017.

Advocacy Day’s confirmed luncheon keynote is Gov. Scott Walker. Amy Walter will be the morning keynote. She is currently national editor of the Cook Political Report, former political director of ABC News, and is a regular panelist on NBC’s Meet The Press, PBS’ Washington Week, and Fox News’ Special Report with Bret Bair. She also provides political analysis every Monday evening for the PBS NewsHour.

WHA strongly believes the afternoon’s legislative meetings are the most important part of the day, and encourages attendees to register for Advocacy Day with a legislative visit. To prepare attendees for their
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meetings, WHA schedules all meetings, provides an issues briefing at Advocacy Day and an optional pre-event webinar on legislative visits.

Assemble your hospital contingent for 2017 Advocacy Day set for April 19, 2017 at the Monona Terrace in Madison. Registration is open at: www.cvent.com/d/svqylc. For Advocacy Day questions, contact Jenny Boese at 608-268-1816 or jboese@wha.org. For registration questions, contact Kayla Chatterton at kchatterton@wha.org or 608-274-1820.

WHA Comments on Preliminary Draft Update to Medicaid Telemedicine Policy

WHA praised the Department of Health Service’s (DHS’s) Medicaid Telehealth Policy Team for their recommendation to include telemedicine services provided in emergency department and dental settings in the Team’s draft updates to Forward Health Topic #510 addressing telehealth reimbursement under the Wisconsin Medicaid program. WHA’s comments were submitted March 30 and were in response to a request for comments by WHA from the Medicaid Telehealth Policy Team.

“We appreciate the inclusion of emergency departments as originating sites,” wrote WHA General Counsel Matthew Stanford in WHA’s comments to DHS’s Medicaid Telehealth Policy Team. “Enabling patients receiving emergency department care to access services available through telemedicine will improve care for MA enrollees by making it easier for MA enrollees to access and receive emergency care closer to home.”

WHA noted DHS’s intent that the draft update to Topic #510 is intended to be clarifications and minor changes to current policy and that Medicaid plans to consider broader updates to telehealth policy at a later date. While minor changes to the draft list of Medicaid-covered telemedicine services were included in the draft, WHA also encouraged the Team to further review its list of services to ensure no viable options for treatment via telehealth are excluded. The comment letter noted CMS’s new CY2017 list of Medicare telehealth services includes allowable codes that were not listed in the draft update to Topic #510.

“Advancing telehealth in Wisconsin is a shared objective of WHA and the Department as telehealth is an important tool to help further access to cost-efficient, high-quality care for Medicaid enrollees,” wrote Stanford.

WHA also commented on newly included topics regarding Medicaid services for individuals in nursing homes and behavioral health services. WHA asked for additional clarity regarding certain telemedicine exclusions involving nursing home assessments and recommended special attention to behavioral telemedicine policies.

“With significant shortages of psychiatrists and substance abuse services in many parts of Wisconsin, telehealth is an important tool that can help provide better access to Medicaid enrollees with mental health and substance abuse access challenges,” wrote Stanford. “We recommend the Department carefully review the allowable procedure codes for mental health and substance abuse telehealth services to ensure no viable options for mental health and substance abuse treatment via telehealth are excluded.”

DHS indicated a final update to ForwardHealth Topic #510 will be published in the next several weeks.

Wisconsin 4th Best State for Doctors

Wisconsin is the 4th best state for doctors to practice medicine, according to Wallet Hub (https://wallethub.com/edu/best-and-worst-states-for-doctors/11376/). Wallet Hub, a personal finance website, analyzed Census Bureau data, HRSM, CMS and the Interstate Medical Licensure Compact, among others, on multiple criteria to create its ranking of best states for physicians to practice medicine.
WHA Testifies in Favor of Bill to Increase Access to Dental Services

The Wisconsin Hospital Association, together with Children’s Hospital of Wisconsin, Ascension-Columbia St. Mary’s and the Children’s Health Alliance of Wisconsin, testified March 22 before the Assembly Health Committee in favor of Assembly Bill 146 (http://docs.legis.wisconsin.gov/2017/related/proposals/ab146.pdf). Assembly Bill 146 expands the settings in which dental hygienists are allowed to provide preventive oral health care and education without dentist supervision. The bill is co-authored by Rep. Kathy Bernier (R-Lake Hallie) and Sen. Sheila Harsdorf (R-River Falls) and has 60 additional legislative co-sponsors.

Dental hygienists are currently allowed to independently practice in schools, dental schools and local public health departments. If AB 146 is enacted, dental hygienists will be able to independently provide dental hygiene services in hospitals, outpatient medical clinics, nursing homes, community–based residential facilities, hospices, prisons and jails, and through home health agencies, nonprofit dental care programs serving low-income persons, and charitable institutions.

Laura Rose, WHA vice president of policy development, told the Committee data from the WHA Information Center (WHAIC) shows that in 2015, there were 33,113 hospital emergency department (ED) visits for preventable dental conditions. In addition, there were 8,274 ED visits that same year where preventable dental conditions were not the primary presenting condition, but appeared in the ED patient record. When these two figures are combined, there were 41,387 ED patients in 2015 with a primary or secondary diagnosis of a preventable dental condition. Further, Rose cited 2015 WHAIC data showing that 56 percent of dental-related ED visits were paid for by Medicaid. She added that Wisconsin’s Medicaid reimbursement rates, which are the second lowest in the country, have created a “hidden health care tax” for Wisconsin families and businesses by shifting Medicaid costs onto private payers of health care.

One of the potential outcomes of this legislation will be the integration of dental hygiene into primary health care visits, especially for young children from birth to age three. Matt Crespin of the Children’s Health Alliance of Wisconsin told the Committee that incorporating a dental hygienist into the medical team in a physician’s office will reduce disease by allowing the hygienist to begin interacting with children and families as early as six months of age. Bill Solberg, director of community services for Ascension-Columbia St. Mary’s, noted the importance of integrating oral health and primary care. Solberg stated medical research has demonstrated the connection of oral health to overall physical health. Heart disease and diabetes are conditions that are exacerbated by inflammation and infection from periodontal gum disease. Further, according to Solberg, pregnant women are more likely to have oral infections related to pregnancy, and oral infection increases the possibility of premature delivery. Pam Fraser of Children’s Hospital cited national data that up to 79 percent of dental ED visits could be diverted to community settings if appropriate oral health care is available.

WHA expects the Committee to vote on the bill March 29 and expects swift action on it in both houses of the Legislature yet this spring.