Guest Column

Doc to Doc: Welcome to the Physician Quality Academy

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The WHA Physician Quality Academy is a two-day quality curriculum for physicians with an interest in quality improvement. The academy is co-led by physicians and quality professionals and is geared toward all levels of physician quality engagement, from the general workforce, to medical director, physician champion, or director of quality.

As physicians, I truly feel that it is part of our professional duty to engage in quality improvement activities. In academia, we dedicate our careers to compiling the evidence needed to improve outcomes and create new frontiers in medical science. In clinical care, we spend each day at the bedside, tirelessly delivering quality care to individual patients, effecting real change on the lives of others. In public health, we analyze data and craft policies to keep our communities healthy, stepping up our efforts when health challenges are vast and resources are scarce. Together these physician-led professional endeavors have saved, improved and extended countless human lives. Modern medical practice, however, is not without its challenges—real progress is slow and the translation of scientific evidence into clinical medicine can be clunky, inconsistent and poorly executed. Luckily, we have other professions that support and enhance our work in medicine.

The quality improvement movement has provided powerful tools for making sure evidence-based practices make it to the bedside and are performed consistently. As physicians, quality improvement empowers our profession to use population health data to better inform our individual patient care. Moreover, implementation scientists and quality improvement professionals have recognized our value as experts, innovators and leaders, and are hungry for physician involvement in quality work. At the WHA Physician Quality Academy, physicians are given a candid environment to learn basic and advanced quality improvement methods, explore the expectations of physician quality roles and craft strategies to excel in their collaborations with other quality professionals.

Physicians already involved in quality work will have the chance to network with other physicians in similar roles and explore strategies for high-level project oversight, maintaining credibility and career longevity/advancement. We are not in the business of passive learning here, so come prepared to engage with your colleagues and share your experiences in quality improvement. Whether you are aiming to learn quality improvement methods for the first time, refine your existing toolkit, or take your quality role to the next level, we are confident you will leave the Physician Quality Academy with new perspectives and a broader quality agenda to bring back to your home institution.
Register Now for the 2017 WHA Physician Quality Academy

May 10 and July 21, 2017
Glacier Canyon Lodge at The Wilderness Resort, Wisconsin Dells

** OR **

September 29 and November 3, 2017
Glacier Canyon Lodge at The Wilderness Resort, Wisconsin Dells

For more information and to register, visit: www.cvent.com/d/wvq5nm

Amy Walter to Keynote WHA Advocacy Day 2017 on April 19
Registration now open!

Each year, the WHA Advocacy Day event grows both in number of attendees and in the impact made on our legislators in Madison. Advocacy Day is one of the best ways hospital employees, trustees and volunteers can make an important, visible impact in the state capitol. Help make the 2017 event a great success by assembling your hospital contingent for 2017 Advocacy Day, April 19 at the Monona Terrace in Madison. Registration is open at www.cvent.com/d/svqylc.

As always, WHA Advocacy Day 2017 will have a great line up of speakers, including morning keynote Amy Walter. Known as one of the best political journalists covering Washington, D.C., Walter is national editor of the *Cook Political Report* and the former political director of ABC News. Over the past 14 years, Walter has built a reputation as an accurate, objective and insightful political analyst. She 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*.

The annual legislative panel discussion will round out the morning session, followed by a luncheon keynote address from Gov. Scott Walker (invited). 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. In fact, over 650 visits were made last year that directly impacted the outcomes of priority legislation. 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.

Join over 1,100 of your peers from across the state at Advocacy Day 2017 on April 19. More information and online registration is available 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.

DHS Report Highlights Opioid Overdose and Death Rates in Wisconsin

The rate of opioid overdose deaths in Wisconsin has nearly doubled over the last decade, according to a new Department of Health Services (DHS) report released February 10, “Select Opioid-Related Morbidity and Mortality Data for Wisconsin” (https://www.dhs.wisconsin.gov/publications/p01690.pdf).

The report provides statewide and county-level data on opioid-related deaths and hospital visits; neonatal abstinence syndrome (NAS), in which an infant is born with withdrawal symptoms from substances taken by the mother; and data on ambulance runs in which naloxone, a medication used to reverse opioid overdose, was administered.

“The misuse of opioids in Wisconsin is a critical public health issue, and this report offers key data to inform our work with local health departments, organizations, and coalitions to reduce opioid misuse, overdose and other related health problems,” said State Health Officer Karen McKeown.
Gov. Scott Walker introduced his fourth state budget as Governor on February 8, providing a $649 million increase to K-12 education aides and over $100 million in support to the UW System—two of the main focuses of a budget address delivered to a joint session of the Legislature. The Governor also made several changes to Wisconsin’s public welfare programs as part of his “Wisconsin Works for Everyone” initiative. This proposal includes requirements and funding for nearly 50,000 childless adults on the Medicaid program to receive employment and workforce support services.

In addition, the Governor fully funded Wisconsin’s Medicaid program by providing $279 million in state tax dollars to pay for the programs cost-to-continue—a measure used to determine the future cost of enrollment and utilization in Wisconsin’s low-income public health care coverage program. Within the Medicaid budget, Walker provided a 2 percent reimbursement increase in both years of the biennium for Wisconsin’s nursing homes at a cost of $51 million over the budget period.

Earlier in the day, the Group Insurance Board (GIB) moved forward with a proposal to change the state employee health insurance program to a self-funded model (see story on page 1 re: Group Insurance Board meeting). The GIB announced that the move was expected to reduce expenditures in the program by $40 million per year, with $60 million realized in the upcoming biennium. Walker announced he would use those funds to support public education in his proposed budget.

The budget bill now heads to the Legislature’s budget-writing Joint Finance Committee for deliberation by the Senate and Assembly. WHA will work with members of the state Legislature to improve hospital reimbursement in the Medicaid program and increase investments in the health care workforce as the Legislature amends the Governor’s budget bill.

WHA Physician Leadership Development Conference
The American Club, Kohler *** March 10-11, 2017
New physician leaders should register today at www.cvent.com/d/nvq2w6

WHA Post-Acute Care Work Group Organizes; Focuses on Access

Readmission penalties, bundled payment programs and other payment and quality initiatives are making hospitals increasingly responsible for patient outcomes after they are discharged from the hospital. The WHA Board responded to this trend by directing the establishment of a Post-Acute Care Work Group, which held its first meeting January 30 at the WHA offices in Madison.

The Post-Acute Care (PAC) Work Group will explore how hospitals and health systems can work to improve outcomes for discharged patients and how best to provide or locate post-acute care for patients who need it.

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Members of the work group are:

- Greg Banaszynski, CEO, UW Health Rehabilitation Hospital (Chair)
- Andy Anderson, MD, CMO, Aurora Health Care
- Jennifer Bieno, NHA, Vice President of Aging Services, Divine Savior Healthcare
- Rick Bourne, President/CEO, Home Health United
- Margaret Donnelly, Vice President, Post-Acute Care, Aspirus
- Paula Elmer, RN, CNO, Monroe Clinic
- Deb Head, Rehab Program Manager, Gunderson Health System
- Doreen Kluth, Executive Director, Care Continuum, HSHS
- Charisse Oland, CEO, Rusk County Memorial Hospital
- Bonny Range, CNO, Holy Family Memorial
- Robyn Treder, Manager, Hospital Case Management, Reedsburg Medical Center
- Lois Van Abel, Director, Care Coordination, Bellin Health
- Thomas Zoch, MD, Ascension

At its first meeting, the Work Group identified a number of issues affecting post-acute care, including:

- serious workforce shortages among health care professionals who are key providers of PAC, including nurses, CNAs, primary care doctors and therapists; job burnout and inadequate pay for front-line PAC providers; the regulatory burden at both the state and federal levels; Medicaid reimbursement rates for PAC that are among the lowest in the country; the need for clear criteria on selecting quality post-acute care providers and how to help patients choose a discharge option that will provide the best outcome; and, the need for clear data on what is effective in providing post-acute care.

The Work Group will meet within the next few weeks to further focus the issues surrounding post-acute care, with the goal of developing a package of achievable policy initiatives aimed at improving the ability of hospitals and health systems to provide or locate post-acute care for their patients.

WHA Meets With Delegation about ACA

“Treat expansion and non-expansion states in an equitable manner”

The Wisconsin Hospital Association traveled to Washington, D.C. Thursday, February 2 for a round of meetings with Wisconsin’s congressional delegation. The sole purpose for the trip was to advance the Wisconsin perspective on changes to the Affordable Care Act and what those mean for Wisconsin’s patients and providers.

“This is about treating Medicaid expansion and non-expansion states in an equitable manner,” Eric Borgerding, WHA president/CEO said in several of the meetings. “Our request is that Wisconsin’s so-called ‘partial expansion’ of Medicaid, which added nearly 130,000 childless adults at a cost of roughly $280 million in state dollars, also receive enhanced federal matching dollars.”

At issue with proposals to repeal and replace the Affordable Care Act, as Borgerding discussed in all the meetings, is the unique route Wisconsin took to reduce its uninsured by some 38 percent since 2013. This was accomplished by Gov. Scott Walker and the Wisconsin Legislature through an interconnected approach whereby individuals below 100 percent of the federal

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poverty level (FPL) became eligible for Medicaid coverage, and individuals above 100 percent of the FPL were moved off Medicaid and onto the federal health insurance Exchange. This approach has allowed over 130,000 individuals to gain Medicaid coverage and 235,000 more individuals to access affordable coverage now on the federal exchange.

Because Wisconsin took a “partial” approach to Medicaid expansion—moving eligibility to 100 percent FPL rather than 138 percent—the Obama Administration denied Wisconsin the same level of Medicaid funding that other “full expansion” states received.

“Wisconsin clearly, and substantially, expanded Medicaid,” Borgerding said. “As Congress moves forward, all we’re asking for is recognition for what we did here and to be treated fairly.”

This matters significantly in the larger picture of how Congress may potentially reform the Medicaid program and how baseline Medicaid funding amounts may be determined.

Also during the meetings WHA highlighted the fact that 235,000 Wisconsinites now access affordable coverage on the federal exchange, with roughly 85 percent receiving a subsidy to reduce their premium costs. Preserving premiums assistance for lower-income populations has been an integral component of Wisconsin’s hybrid approach to expanding coverage. Preserving these subsidies will be critical to sustaining the coverage gains achieved in Wisconsin. WHA also discussed the value-focused payment reforms that are a part of the ACA and the impact those have had in moving both Medicare and commercial health insurance toward more outcomes-focused reimbursement.

“We greatly appreciated the opportunity to meet with Speaker Ryan and our Congressional Delegation on these important matters,” Borgerding said. “Our issues and our messages were well received, it was a productive trip and the latest of what I am sure will be many more to our Nation’s Capital in the coming months as we advocate on behalf of Wisconsin’s hospitals and health systems.”