President’s Column: Caution Ahead

The dust continues to settle from the election and most are still grasping the outcome and have yet to dig into the near and long-term policy and political implications. Indeed, in all the times one party has controlled both Congress and the Presidency, this instance might be one of the most complicated.

Having said that, and with much to play out over the coming weeks and months, here are some initial thoughts.

There is no doubt changes are coming to Obamacare, and changes were coming no matter who became President or which party controlled Congress. There was growing, bipartisan consensus that certain elements, particularly the exchanges, were in need of repair prior to the election. Post-election, the question now becomes a complicated (and potentially risky) one of scale, pace and how to effectively translate election year pledges into post-election policy creation, passage and, especially, implementation. For better or for worse, there’s too much here to instantly unwind, and not all of it will be unwound, frankly.

Love it or hate it, in the six-plus years since it was enacted, there are dozens of elements to Obamacare that have become woven into the health care delivery and insurance systems. There are numerous examples of this, but perhaps the most significant is the gain in health insurance coverage.

One important gauge by which to evaluate current and future policies is the Wisconsin uninsured rate, which was already low before Obamacare took effect and has dropped another 38 percent since. This is the result of Governor Walker’s hybrid approach of combining a Wisconsin version of Medicaid expansion with Obamacare’s insurance exchanges. Indeed, expanding health insurance coverage is a bipartisan aim; the difference comes in the means of achieving and sustaining this shared goal.

Expanding coverage is, theoretically, not that difficult, but sustaining coverage expansion is. If Obamacare is repealed, its replacement must prioritize preserving the progress made in reducing the number of uninsured.

This will be a critical part of the debate that must have as a desired outcome sustaining coverage gains in Wisconsin. It must be, and I believe will be under Speaker Ryan, a substantive and forward-looking debate, because this time repeal and replace won’t be vetoed. The fact that nearly 240,000 people in Wisconsin now obtain insurance coverage on the Wisconsin Obamacare exchange (200,000 of those receiving a subsidy to pay the premiums) means there is a lot at stake when repealing and replacing the law that delivered that coverage. What follows Obamacare must in design and implementation be better and more sustainable than Obamacare. This will not be simple.

While the breadth and scope of the coming changes are of obvious significance, as important is the pace of any coming change. Our health care delivery and insurance systems have seen massive upheaval and fundamental, systemic realignment over the past few years, much of that driven directly and indirectly by Obamacare. Our Wisconsin health care system is of nation-leading quality and value, its leaders remarkably talented, forward-looking and nimble. But despite these attributes, an abrupt U-turn could result in greater confusion, dissatisfaction and frustration across the board. Certain aspects of (continued on page 2)
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Obamacare have been a political gift to its opponents. Its replacements could be just the opposite if not handled cautiously.

Because of these factors, repealing and replacing Obamacare may not happen in a single piece of legislation. Rather, Obamacare may undergo a sort of “dissection,” with certain elements receiving greater immediate scrutiny than others. President-Elect Trump is gradually sharing more ideas and last summer Speaker Ryan unveiled a detailed alternative to Obamacare that serves as the most comprehensive menu of options so far (see (https://abetterway.speaker.gov/_assets/pdf/ABetterWay-HealthCare-PolicyPaper.pdf).

With nearly a quarter million Wisconsinites being covered under the exchange, it will take time to implement and transition, or “bridge,” any major changes. The King v. Burwell case in 2015 gave us an early glimpse of this dynamic. Had King prevailed, some of the staunchest Obamacare opponents recognized that the abrupt crippling (akin to a repeal) of the coverage elements of Obamacare would have to be addressed and began contemplating “bridge” contingency plans.

Flavoring all of this is the state of the GOP majority in Congress, its relationship with President-Elect Trump and what this means in terms of who is driving the pace and content of the health care agenda. Today unity abounds, particularly around the concept of repealing and replacing Obamacare. But much dust to still settle there, and no public policy issue touches as many interest groups, stakeholders and constituencies as health care … there will be plenty of voices and opinions weighing in.

Bottom line is it’s still very early to predict what exactly will happen and how, but we should all be prepared for more changes coming to health care, along with the imperative that we engage.

Your WHA advocacy team will be on top of the coming changes and, as always, looks forward to working collaboratively and constructively with Speaker Ryan and our elected officials in both Madison and Washington to bring a Wisconsin perspective in shaping the course forward.

Stay tuned ….

Eric Borgerding, WHA President/CEO

PS: I am writing this from a McDonalds in Oshkosh, where I pulled over from work travel to grab a McMuffin and wifi. There’s a civil and well-reasoned debate going on between some retired gentlemen in the booth next to me. The topic? A ground level discussion on the pros and cons of Obamacare...

12th Annual WHA Physician Leadership Development Conference, Mar. 10-11, 2017
Early bird discount available; register today

Registration is now open for one of WHA’s premiere education events—the Physician Leadership Development Conference March 10-11, 2017 at The American Club in Kohler.

Many WHA members register a team and report they find the greatest benefit from the conference is the opportunity to network among themselves and with other teams.

“WHA has sponsored the Physician Leadership Development Conference for 12 years. It is one of the only conferences of its kind in Wisconsin,” according to WHA Chief Medical Officer Chuck Shabino, MD. “Past attendees often tell us that the greatest benefit they receive is the opportunity to spend time ‘out of the shop’ with their physicians and leaders.”

The full conference brochure is included in this week’s packet. Online registration is available at www.wha.org or directly at http://www.cvent.com/d/nvq2w6, and discounted registration is available to those registering by January 15. (continued on page 3)
Continued from page 2 . . . 12th Annual WHA Physician Leadership Development Conference

This year’s conference will include a full day with Kevin O’Connor focusing on the skills needed to elicit connection, communication and cooperation from fellow medical professionals, in a session titled “Emotional Intelligence: The Final Frontier.” In addition, a half-day discussion, led by Jennifer Grebenschikoff will focus on the physician leader’s role in strategic physician recruitment and retention. Continuing medical education credits are available again this year.

Both O’Connor and Grebenschikoff are nationally-recognized faculty from the American Association for Physician Leadership (AAPL), formerly the American College of Physician Executives, and both will discuss important and practical leadership skills that help physician leaders move beyond their clinical training and take a new approach to managerial decision making and problem solving.

For questions about the annual Physician Leadership Development Conference, contact Jennifer Frank at jfrank@wha.org or 608-274-1820.

New CME Requirements on MEB Opioid Prescribing Guidelines Now Effective

2 of 30 CME hours must include approved opioid courses through 2020

On November 10, 2016, the Wisconsin Medical Examining Board’s (MEB) emergency rule relating to continuing medical education (CME) on its opioid prescribing guideline became effective. In summary:

- For medical licensure renewals occurring in 2017 or 2018, a minimum of 2 of the 30 hours of the physician’s continuing medical education must be an MEB approved course or program relating to the MEB’s opioid prescribing guideline issued in July 2016.
- For medical licensure renewals occurring in 2019 or 2020, a minimum of 2 of the 30 hours of the physician’s continuing medical education must be an MEB approved course or program relating to the MEB’s opioid prescribing guideline issued in July 2016.
- Physicians will be able to find a list of MEB approved courses on its opioid prescribing guideline here: http://dsps.wi.gov/LicensesPermitsRegistrations/Credentialing-Division-Home-Page/Health-Professions/Physician/Physician-Continuing-Education/
- The new CME requirement does not apply to physicians who do not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances.
- The rule does not require the special education on opioid prescribing for renewals after 2020, however, the MEB has discretion to extend the requirement beyond 2020 through rulemaking in the future.

“There is an opioid abuse crisis in Wisconsin, and through its guideline and targeted CME rule the Medical Examining Board is taking steps to help ensure that Wisconsin physicians have access to up-to-date education on evolving opioid prescribing,” said Charles Shabino, MD, WHA chief medical officer. “Though the MEB’s action to require topic-specific education is unprecedented, WHA is pleased to see that the MEB has chosen not to make this crisis-focused education a permanent requirement.”

The MEB’s opioid prescribing guideline can be found here: http://dsps.wi.gov/Documents/Board%20Services/Other%20Resources/MEB/MEB_Guidelines_v3.pdf.

CSB Reports Prescriptions for Controlled Substances Decrease

The recently-released report by the Controlled Substances Board (CSB) revealed that the number of opioid prescriptions issued by Wisconsin providers fell nearly 10 percent compared to the same time last year. Interestingly, the statute that requires usage of the Prescription Drug Monitoring Program (PDMP), Act 267, does not go into effect until April 2017.

“It is obvious that the incredible attention health care providers, hospitals, elected officials and other key stakeholders have placed on this important health care issue has already begun to significantly impact prescription practices,” states Steven Rush, WHA vice president, workforce and clinical practice. “The entire conversation around this issue is evolving in a very positive direction.”

Data also collected by the PDMP revealed that although most (72 percent) of the users of the PDMP were satisfied with the online data collection system, the time needed to quickly and readily access the system was listed as the biggest barrier to use. WHA has worked closely with the CSB, hospitals, physicians and other providers, as well as the Department of Safety and Professional Services as an advisor and resource in developing the new “enhanced” PDMP, set to be released January 2017. Interoperability and ease of navigation are two key areas targeted for improvement.


For more information contact Rush at srush@wha.org or 608-274-1820.

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Rose Joins WHA Advocacy Team

Laura Rose will join WHA as vice president of policy development. Rose comes to WHA from the National Council of State Legislatures (NCSL) in Denver where she has served as director of the legislative management program since 2015.

Prior to going to NCSL, Rose served as an attorney with and deputy director of the Wisconsin Legislative Council for many years, providing nonpartisan policy guidance and counsel to Wisconsin state legislators and staff, including staffing several legislative standing committees and Legislative Council Study Committees. She has worked with the Legislature, state agencies and diverse groups of stakeholders on a broad array of issues, specializing in multiple facets of health care.

Rose has both a BA and law degree from the University of Wisconsin-Madison and is well regarded within the health care policy and advocacy world.

“Laura is well known to several of us government relations ‘veterans’ at WHA who have had the pleasure of working with her over the years at the Legislative Council,” said WHA President/CEO Eric Borgerding. “WHA continues to reflect the growth and evolution of our members within by broadening our advocacy mission and expanding our policy agenda. Laura is a great addition to our team as we continue growing our impact and relevance.”

Rose’s first day at WHA is December 5.

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Laura Rose
CMS Removes Pain Control Dimension from Hospital Value-Based Purchasing

The Centers for Medicare & Medicaid Services (CMS) finalized their proposal to remove the pain control questions in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) from the hospital value-based purchasing (VBP) program. Hospitals survey patients using the standardized HCAHPS survey, which includes three questions related to pain control. The results of the survey and responses to the pain control questions, along with other measures of quality, are included in the VBP which applies financial rewards and penalties to hospitals’ reimbursement.

The decision to remove the pain questions is in direct response to input from multiple stakeholders regarding concern about the unintended consequence of the financial payment incentives. Many feel the incentives may place pressure on hospitals to prescribe more opioids in order to achieve higher survey scores. This change will take effect with the HCAHPS survey results collected during 2016 that impact reimbursement beginning October 1, 2017. While the three pain-related questions are being removed from VBP, they will remain in the HCAHPS survey and CMS intends to continue to publicly report them on Hospital Compare.

“WHA is pleased CMS has acted on the input it received from many stakeholders regarding their VBP program and possible interactions with the use of opioids,” said Kelly Court, WHA chief quality officer. “The opioid epidemic is complicated and requires multiple solutions. This change removes a potential barrier hospitals may have to improving their opioid prescribing practices.”

Governor’s Task Force on Opioid Abuse Meets in Green Bay
WHA: Need new focus on removing barriers to access to treatment

Dr. Andy Anderson (at podium), CMO, Aurora Health Care and 2017 WHA Board Member, provided the welcome to the group meeting at Aurora BayCare.

The Governor’s Task Force on Opioid Abuse held its first of three meetings on October 28 at the Aurora Bay Care Sports Medicine Complex in Green Bay.

The Task Force, co-chaired by Lt. Governor Rebecca Kleefisch and Rep. John Nygren (R-Marinette), began with briefings from the Drug Enforcement Administration and the state Department of Justice by Attorney General Brad Schimel, and then transitioned to presentations by each of the Task Force members on their vision for next steps that the Task Force could take to further address opioid abuse in Wisconsin.

“Much has been accomplished in Wisconsin,” said Joan Coffman, president/CEO of HSHS St. Joseph’s Hospital in Chippewa Falls and WHA representative to the Task Force. “Through policy and practice, significant work has occurred in Wisconsin to prevent opioid misuse through education, better surveillance and communication, and changing practices. Likewise, through policy and practice, significant work has occurred to encourage treatment and help save lives during an overdose.”
But Coffman said now the focus needs to be on access to treatment, a sentiment echoed by others on the Task Force.

"More needs to be done to sustain and expand access to treatment to help those addicted to opioids regain their ability to be effective parents, to become self-sufficient young adults, and to be productive workers and citizens to help Wisconsin continue to grow economically," said Coffman.

"State regulations on AODA treatment programs, public and private payment policies on AODA treatment programs, workforce challenges for AODA treatment programs, and other policies each have an impact on AODA treatment programs’ ability to sustain and expand access to treatment for opioid addiction," Coffman explained to the Task Force. "WHA is ready to help the Governor’s Task Force further explore such barriers to addiction treatment and identify potential policy solutions at the Task Force meeting."

Coffman presented to the Task Force a WHA summary of steps the Task Force could take to help Wisconsin sustain and expand access to treatment for opioid abusers, as well as a summary of education programs, examples of collaboration and local efforts that hospitals and WHA are undertaking to address Wisconsin’s opioid abuse epidemic. Those summaries and their accompanying memo can be found here: www.wha.org/pdf/GovernorsOpioidTaskForceMeeting10-28-16.pdf.

The next meeting of the Governor’s Opioid Task Force will be November 22 at Ministry St. Clare’s Hospital in Weston, and the final meeting will be December 16 in La Crosse.