Annual Meeting

The Wisconsin Hospital Association held its 88th Annual Meeting on September 20, 2007 at the Marriott Conference Center in Madison. In his address to the members, WHA 2007 Chair Bob Fale said his focus in 2007 was to “increase member participation in Association activities.” He thanked “political developments” for helping him achieve the goal. What an interesting year it has been,” he noted. “With the state budget, sick tax, and other issues, a lot has been happening that has caused members to become more involved in the Association,” he added.

Fale pointed out that members participated in meetings with Governor Doyle, DHFS Secretary Kevin Hayden and Speaker of the House Mike Huebsch to discuss issues ranging from reimbursement to health care reform. According to Fale, members made it very clear “where they and WHA stand” on critical issues such as the raid on the Injured Patients and Family Compensation Fund, Medicaid funding, and the hospital tax.

“Remember, we’ve been successful this year because of member unity on these key issues,” Fale said. “We must remain united.”

Mary Starmann-Harrison, chair of the WHA Nominating Committee, introduced 2008 Chair Ken Buser and 2008 Chair-elect Mike Schafer. Both gentlemen said they look forward to being leaders in an organization that is responsible for advancing health care in the State of Wisconsin.

Health Care Leadership at the Tipping Point

Brian D. Wong, MD, MPH, CEO, The Bedside Project, LLC

It’s every man for himself in health care. At least that is the way Brian Wong sees it based on some of the changes that have occurred in health care lately, such as doctors saying they are too busy to be on hospital and other health-related committees, physicians insisting on compensation while on-call, physicians starting their own free-standing specialty care centers, and physicians retiring early or working part time. These are manifestations of an “every man for himself” type of mentality. “We want to turn that around and move to an idealized ‘one for all and all for one’ attitude,” he said.

Turning it around requires health care leaders to understand what motivates physicians. According to Wong, all physicians desire meaningful work, a sense of community, and regular positive feedback. Physicians have a tendency to value individual effort, autonomy, and independence, which leads to one custom solution at a time. “We need to change that thinking to one of finding common solutions for common problems that transcend that uniqueness,” according to Wong.

Wong suggests that beginning with the end in mind, hospital leaders can foster a culture among physicians and their entire staff and turn, “What’s in it for me?” into “What’s in it for us?”
Handling Disruptive Colleagues in Your Organization
Ilene Moore, MD, JD, Professor, Vanderbilt Medical Center, Nashville

Disruptive employees are a problem in all organizations -- hospitals are not exempt. Dr. Ilene Moore from Vanderbilt Medical Center described the policy and practice used by Vanderbilt University to address disruptive physician behavior. First, incident reports and patient complaints are compiled for each physician's review. Disruptive behavior is then categorized with interventions that are deemed appropriate at each level. Initial interventions are informal and physician-to-physician. The program is based on principles of justice, certainty, insight and redemption for the sole purpose of correcting inappropriate behavior. The Vanderbilt Policy on Professional Behavior can be requested from WHA's Judy Warmuth at jwarmuth@wha.org.

Best Practices in Billing and Collections
Moderator: Brian Potter, WHA
Lisa Dachel, Luther Midelfort, Eau Claire
Dan Carlson, Bay Area Medical Center, Marinette
John Hofer, Bay Area Medical Center, Marinette

Nearly every Wisconsin hospital signed a confirmation of commitment that they will follow WHA's 2007 Billing and Collection Guidelines. Two hospitals shared how they implemented changes to the billing and collection policies in their facilities. Lisa Dachel from Luther Midelfort, Eau Claire, said one of the practices they recently added was that of providing a fee estimate during the prior authorization process so patients will know their out-of-pocket expenses in advance and can be connected to a financial counselor before they ever come in for the procedure. "This way, we can connect patients to financial assistance if they need it before they come into the hospital," Dachel said.

“When we are working with a patient to determine what level of assistance they are qualified for, we don’t consider the home they live in or child support income, and we won’t consider retirement balances,” Dachel said. “In addition, no legal action for non-payment of bills is initiated by our collection agency without our signed authorization.”

The perfect health care storm was brewing in Marinette—employers were asking employees for bigger co-pays, health care costs were escalating, and the hospital was noticing that patients who have large deductibles or no insurance were taking much longer to pay their bill. After changing their long-standing billing and collections process, Dan Carlson and John Hofer from Bay Area Medical Center in Marinette, found that the changes might have been “too big-too fast for the community to accept.”

As part of the team charged with reviewing the billing and collection process, Carlson and Hofer said they asked the following questions:

• How do we compare to other health care providers?
• Are we meeting the community’s needs?
• Are we following the WHA's Billing and Collection Guidelines?
• Are our practices reasonable?
• What is the patient/public's perception of our practices?

“As part of our research, we talked to the public, former patients, and our employees about our collection practices. As a result we doubled the discount that we extended to patients who are uninsured to be more in line with WHA's guidelines, and we beefed up our communications efforts to make sure that patients knew about our community (charity) care program,” Hofer said.

BAMC also implemented a new financing plan to assist uninsured patients in paying their bills. Carlson said lastly, they redesigned the bill to include a summary of charges along with other changes that made it more “patient-friendly.”
Bill Felkey asked a simple question of his audience: “If we look at all the available technology that we employ in a clinical setting, what percent of that knowledge do you think we are using?” Felkey said at his technology boot camps he found that people knew how to do their jobs (say…turn on the computer and create and edit a document) but that is all they knew. Many people do not tap into all the technological knowledge that is available to them in their work setting.

“The purpose of all technology is to help us do things more effectively or more efficiently. Technology is designed to enhance our ability to do work and replace some of the work that we do when it is repetitive or tedious,” Felkey said.

Felkey said the adoption of new technology can help hospitals achieve what the Institute of Medicine calls the six aims of health care:
- Safe – Patient safety comes first
- Timely – Care delivered in a timely manner
- Effective – Based on the best science available
- Efficient – Avoids wasting time and other resources
- Equitable – Care provided to all in an equitable manner
- Patient Centered.

“Are you getting the idea that the public wants to participate in their health care and they want to drive the system more?” Felkey asked.

A “connected” health care community will help patients and hospitals alike achieve the goal of having patients participate in their own health care while health care providers have access to the total health record of their patients.

“Systems that are being built now, like health information exchanges, are a move in the right direction where IT systems are connected via a shared architecture. This collaborative care model gives providers access to up-to-date patient information,” according to Felkey. “In a true health information exchange, we could see an environment where patients catch errors in the health record and report them back to the provider,” he added.
WS was pleasantly surprised with the reduction in costs because of their direct partnership with the clinic. Combined savings in the first and second quarters of 2007 was $20,000, but the true value of the program was not measurable in dollar and cents savings.

“More important than the $20,000, because that doesn't sound like a huge number, is the boost in the morale of our employees. They know we care about them, they know they have free services at a local clinic, and we are anticipating an even greater enrollment in our HDHP option next year,” Engebose concluded.

Trudy Kamps from American Foods Group (AFG) said AFG’s objective in changing the way they managed health insurance was a desire to improve the health of employees that resulted in lowering long-term health care costs.

Kamps said similar to WS Packaging, AFG partnered with Bellin to make health care accessible on-site. On-site medical services offered on site included occupational health, physical therapy, and a physician for several hours each week. In addition, employees could access on-site personal health coaching services that provided follow up on medical cases, but also included customized individual health improvement plans.

Another important aspect of their health insurance program was employee health education. “The truth is that many of our employees did not understand what they had enrolled in, and they didn’t know what an EOB was. We needed to educate our employees on health insurance and how it works,” Kamps explained. “We saw them letting things go until they had a medical emergency. We wanted to emphasize the need for them to identify a primary care physician and we stressed prevention,” she added.

AFG has realized $231,343 in health coverage savings while improving employees’ access to care, increasing their understanding of when to seek care, and encouraging employees to improve their health status.

Webcrafters, Inc. has been encouraging employees to participate in health risk assessments (HRAs) since 1994. According to Judy Peirick, the HRA program paid for itself by catching serious medical problems and spawning dramatic lifestyle changes. The problem was in the first eight years HRAs were offered, only 20 percent of Webcrafter’s employees took advantage of the program. Peirick said the company set new goals that included increasing awareness of health issues by increasing participation in HRAs, increasing prevention strategies in their workforce, and managing health care to include information that would help their employees become better consumers.

“We had a goal of identifying medical problems early on. If you are managing disease, then it has already happened. If you can catch it early, you can make a difference. We are trying an integrated health management approach by having an outside organization (Bowers & Associates ) take the HRA data in conjunction with claims and prescription drug data to give customized feedback to help employees improve their health,” according to Peirick.

Peirick said Webcrafters will continue to promote employee wellness among their workers, and they plan to enhance the health coach component of their program, as well as continue to help employees become better health care consumers. Webcrafters has a wellness committee made up of employees from different shifts and departments who meet monthly and provide ongoing wellness activities to support weight loss, better nutrition and fitness. Webcrafters also put in their own inhouse fitness facility.

In addition, Peirick and others from Webcrafters participated in the recent trianing WHA held on the health consumer education modules developed by Dana Richardson. Webcrafters plans to use two of the modules: “Using Health Care Internet Tools “and“ How to Talk to Your Health Care Provider.”
Balancing the Relationship Between Administration and Physicians

Eric Lister, MD, Managing Partner, Ki Associates, Portsmouth, NH

How well hospitals work with physicians will be a critical factor in the future success of the health delivery system. Eric Lister, MD, said to enable good relationships, a cultural chasm first must be bridged that hinges on each party understanding the other. First and foremost is taking the time to understand the differences in training for physicians and other health care professionals.

“There are defined processes that people go through as they become professionals. Hospital administrators are trained to work in teams, while a physician might well define a team as getting a lot of people to do what I say,” Lister explained.

Lister said two critical movements in health care are poorly understood by many doctors: the push for radical steps forward in quality and safety and the demand for patient-centered care. In academia, status accrues to inventors and discoverers, not to improvers, he said.

“Our patients and our community absolutely need us to work together. Patients believe that the doc and hospital are all one team,” he said.

WHA would like to thank the following exhibitors for their support of WHA’s 2007 Annual Convention:

A’viands Food & Service Management
BWBR Architects
CareTech Solutions
CG Schmidt
Dairyland Healthcare Solutions
Delta Physician Placement
EMCare, Inc.
Engberg-Anderson Design Partnership Inc.
FinCor MHA Ins.
Flad Architects
Gilbane
HBE Corporation
HDR Architecture
HGA
Irgens Health Care Facilities
J.P. Cullen & Sons, Inc.
Kahler Slater Architects, Inc.
Kraemer Brothers
Kraus-Anderson Construction Company
Larson Allen
Lincoln Financial Group
M.A. Mortenson
Market & Johnson, Inc.
Marshall Erdman & Associates
MHA Group
Miron Construction
National Healing Corporation
PDC Midwest Inc.
PIC Wisconsin
RTI Donor Services
Shannon Sales
Sodexho Health Care Services
The Boldt Company
The MMIC Group
The Roberts Group
Welman Architects
WHA Financial Solutions
George Johnson has been president of Reedsburg Area Medical Center since 1980, and is scheduled to retire this year. He helped create and develop the Reedsburg Area Medical Center Foundation, helped form the Rural Wisconsin Health Cooperative, and helped create Home Health United in Sauk County. George served on the WHA Board from 1990-2000, and was chair in 1999.

Glen Grady is administrator and CEO of Memorial Medical Center in Neillsville and is scheduled to retire this year after almost 30 years in health care. Glen has been actively involved with WHA, serving on the Board from 1994-1999, and on many councils. He currently chairs the WHA Financial Solutions Board.

Joseph Neidenbach recently retired from his position as administrator and executive vice president of St. Vincent Hospital in Green Bay after 25 years in health care in Wisconsin. Joe was a founding member of Prevea Health Services, Inc. He has been actively involved in WHA, serving on many councils and the board of directors, including his role as chair in 1986. He served many years on the WHA Foundation Board and was chair in 2006.

Tim Gengler is vice president of nursing and chief nursing officer for Aspirus Wausau Hospital. Tim has been a member of the Wisconsin Organization of Nurse Executives (W-ONE) since 1986, and serves on a number of committees. Tim is constantly promoting the nursing profession by being actively involved in community boards and organizations.
R. Calvin Wise served on the Richland Hospital Board for 20 years, and was president from 1991 until his retirement in 2007. Cal has been instrumental in growing the Richland Hospital. Under Cal’s leadership, the hospital has undertaken numerous expansion and renovation projects, including one in which his fundraising laid the groundwork for a very effective foundation program.

Steve Osswald is the administrator of the division of pediatric surgery at the Medical College of Wisconsin, and has been very active in the Wisconsin Chapter of ACHE.

Joe Neidenbach, who recently retired following 25 years of service in health care, received ACHE’s prestigious Regent’s Award.

Greg Britton is president and chief executive officer of Beloit Memorial Hospital. In nominating Greg for this award, his Volunteers in Partnership with Beloit Memorial Hospital (VIP) members stated, “Our CEO is visible, involved, and committed to the hospital volunteers in every way,” and “Our CEO is very proud of the hospital’s volunteer organization and places them in high esteem in all of his hospital and community messages.”

Stuart Carlson has been a board member for Aspirus Wausau Hospital for 10 years in a variety of leadership positions, including board chair. Stuart has been an active volunteer in the Wausau community serving on the North Central Health Protection Plan Board, Wausau Club Board, Wausau Chamber of Commerce Board, and past president of the Marathon County United Way.
WHA Foundation’s Global Vision Community Partnership Awards

**Fight Asthma Milwaukee (FAM) Allies**
Nominated by: Children's Hospital of Wisconsin

**Blanket of Love**
Nominated by: Columbia St. Mary’s, Milwaukee

![Vicky Edwards and Erin Lee](image1)

![Bill Solberg and Julia Means](image2)

Partners of WHA WAVE Awards (Wisconsin Awards for Volunteer Excellence)

**Community Outreach/Collaboration Program**
“Wigs for Patients Program”

Mercy Health System Association of Volunteers, Janesville

**In-Service Hospital Volunteer Program**
“Hospital Elder Life Program (HELP)”

Wheaton Franciscan Healthcare-Elmbrook Memorial Auxiliary

**Community Service Program**
“Passport 55”

Mercy Medical Center Auxiliary, Oshkosh

**Fundraising Program**
“Mother’s Day Flower & Spring Sale”

Partners of St. Nicholas Hospital, Sheboygan