



# 2005 Board Planning Session

*In Review*

July 20-22, Green Lake, Wisconsin



Leo Brideau, Nick Desien



Linda Fish, Steve Brenton, Eric Borgerding



Carolyn Friese, David Grundstrom, Bobbe Teigen, Greg Roraff, Nick Desien

## The WHA Board Planning Session: Fine Tuning the Association Agenda

The WHA transparency agenda first discussed at the 2002 WHA Board Planning Session has, by all accounts, been successful in getting health care information into the public arena. Two WHA programs launched over the past 18 months -- CheckPoint that collects and publishes data on 14 hospital quality and five safety measures from 122 hospitals, and PricePoint, which displays charge data for every hospital in Wisconsin -- have placed Wisconsin in a leadership position among the states.

WHA Chair-elect Mary Starmann-Harrison, leader of the 2005 WHA Board Planning Session, opened the session in Green Lake last week by complimenting WHA members and the Association for coming so far, so quickly. However, she urged members of the Board to look to the future and continue to find ways to make even more information available that will help consumers and enable a functional health care marketplace.



Mary Starmann-Harrison



WHA Chair Ned Wolf, Steve Brenton

WHA President Steve Brenton said three key strategic principles: enabling consumerism, improving coverage and access, and promoting community accountability have successfully advanced the Association's transparency agenda.

### Other Issues

Medical liability is now a top Association priority since the Wisconsin Supreme Court ruled the cap on non-economic damages unconstitutional. Brenton said WHA will work with the Wisconsin Medical Society and Wisconsin Manufacturers and Commerce (WMC) over the next few months to fix what has emerged as a potential crisis.

The WHA Medicaid Task Force will tackle the problems associated with inadequate Medicaid reimbursement, according to WHA's Eric Borgerding. The Task Force will identify medical assistance priorities and explore options to address the "hidden health care tax," identified by WMC as a "job killer" in Wisconsin.

## Where Are We Today? Where Should We Be Tomorrow?

Brenton reviewed the current WHA initiatives related to transparency and then posed the question to the Board: "Where should the Association and its member hospitals be tomorrow?" Brenton asked four panelists representing industry, employers, insurers, and providers to react to the following assumptions:

- ◆ WHA will evolve CheckPoint and PricePoint.
- ◆ National public reporting initiatives will gain momentum.
- ◆ Stakeholders will use information to make health care decisions.
- ◆ Hospitals and physicians will use information to improve performance.



Ford Titus, Loren Anderson, Chuck Shabino, Jon Braddock

## WMC: Health Care Costs #1 Concern for Wisconsin Businesses



While acknowledging that Wisconsin hospitals are off to a good start on educating employees and employers on health care issues related to charges, quality, and safety, Jim Haney, president, Wisconsin Manufacturers and Commerce, said the move to consumerism is “slow, but catching on.”

“On the health care front, our members are trying to control their costs, modify their health plan, and they are asking employees to share in the cost,” Haney commented. “These are changes that are hard to sell to employees.”

Haney said a recent Towers Perrin study found that employees are mostly negative about both their coverage and their experience in health care. “The message to us is we need to find new ways to help employees understand their coverage and gain confidence in navigating the health care system,” he said.

WMC recently sent a flyer to their members publicizing CheckPoint, PricePoint, the Wisconsin Collaborative for Healthcare Quality and HealthclickWisconsin.com as sources for health care information. In closing, he encouraged hospitals to collaborate in an effort to expand the amount of information that is shared publicly. “Just do it,” Haney urged.

## Employee Trust Fund Will Use “No Data Before Its Time”

Eric Stanchfield leads the ninth largest pension system in the country, with an asset value of \$75 billion. The Employee Trust Fund (ETF), which provides benefits for 1,400 employers in the state, spends \$800 million every year on health care. “We are big purchasers of health care, but we don’t think of ourselves as just purchasers, we are also consumers,” Stanchfield explained.

As both a large consumer and purchaser of health care, ETF has been at the forefront in the push for transparency, but Stanchfield cautions, “We don’t use data before its time. Unless it is significant, robust and understandable, we don’t give it to our members.” Stanchfield noted that ETF works closely with WHA to make sure the data is useable.

“Our approach is that transparency is critical. It is front and center with my Board,” Stanchfield said. “We are always thinking about value-based purchasing. Our goal is to leverage purchasing power to common quality and safety measures. We are supportive of common standards, making things comparable, and paying for performance at the state level,” he added.

Stanchfield encouraged CheckPoint to add more measures, continue to monitor data, engage the consumer, and continue developing relationships. “The market can work, but one size does not fit all,” the ETF leader concluded.



## The Alliance: People Aren’t Using Information to Make Health Care Decisions

Are we bringing new quality measures to the marketplace fast enough? That was the question raised by panelist Chris Queram, CEO of the Employer Health Care Alliance Cooperative based in Madison. Queram said a national strategy for engaging consumers as quality measures are developed and released, is lacking.

“Although we have a population of people who can actually use the information, 95 million of our citizens can’t effectively use the health care delivery system because they can’t use information in their decision making,” according to Queram.

“We lack an information technology infrastructure to collect and report quality data. We now have a central warehouse on the hospital side, but there is no parallel for outpatient care,” Queram added.

Queram said the recently released Baucus-Grassley Medicare Value Purchasing Act of 2005 foreshadows what will be included on the pay-for-performance IOM Report. Key components of this Act include establishing a quality measurement system and financial incentives for hospitals, doctors, skilled nursing facilities, and health plans.

## RWHC: Consumer Fear Could Lead to Government Solution



Greg Britton, Sandy Anderson

Rural hospitals in Wisconsin were unpleasantly surprised to see that CMS had divided low volume hospitals away from the “real” hospitals when it unveiled its new public reporting Web site, Hospital Compare. After many conversations between rural providers and CMS, including a meeting sponsored by WHA in Madison with Nancy Foster from AHA, Size said their points have been taken, and CMS will make modifications in the Web site.

Size voiced concern for the future. “I agree with my rural colleagues who feel that society is saying, ‘We can’t afford you (health care) anymore.’ Consumers are fearful about the future of their health care funding with employers changing or dropping coverage,” Size said. “These factors could lead to a government solution.”

## WHA Member Reactions

### **Schroeder: Final Frontier is Consumer Education**

There is an ongoing commitment to support the participation of all hospitals in their public reporting efforts, according to Patricia Schroeder from the Covenant Healthcare System who chairs the WHA Measures Team that evaluates and considers measures for inclusion in CheckPoint. She acknowledged that there is an issue about how to report data from low volume hospitals, and said rolling quarters of data together has helped boost the number of cases, leading to a more robust display of data on CheckPoint. However, the final frontier in public reporting is consumer education, Schroeder concluded.

### **Titus: Move from Entitled to Empowered Health Care Consumer**



Pat Schroeder, Ford Titus, John Toussaint

Health care transparency means we change only what we can measure, and we change most aggressively those things we measure and publicly report, according to Ford Titus from ProHealth Care. He pointed out that Wisconsin has made great progress in the area of public reporting, faster than in the previous 20 years.

“Quality as reported by CheckPoint; price transparency as reported in PricePoint; those two elements have been the unpinning of our transparency agenda at WHA,” Titus commented. “And now we have a third agenda item coming, and that is accountability for community benefits.”

Along with Schroeder, Titus also believes that consumer literacy through education is very important because it moves away from the idea of an “entitled consumer to an empowered consumer.”

### **Toussaint: Employers will Drive Public Reporting Agenda**

John Toussaint from ThedaCare, a founding member of the Wisconsin Collaborative for Healthcare Quality (WCHQ), would like to see health care public reporting reach a point where a value-based information system is created that allows for value-based purchasing decisions. Toussaint said, “The problem is that we have all been on the quality side of this work, but we can’t measure efficiency.”

Toussaint said the WCHQ’s goal is to begin reporting efficiency measures as early as first quarter 2006. “Once we start publicly reporting this information, it will light a fire under physician and health systems to get this information in,” he added. (The question will be asked) “Why are you not in the report? Employers will drive that hard.”



Ed Olson, Mike Schafer, Greg Britton, Sandy Anderson, Ford Titus at the breakout session on transparency.

## Community Benefits: A New Level of Accountability



Bob Fale, David Grundstrom

Even before Mississippi Trial Attorney Richard Scruggs filed a lawsuit against a Wisconsin hospital, the WHA Board formed the Task Force on Community Benefits. According to Task Force Chair Bob Fale, Agnesian HealthCare, two things were clear: the topic fits squarely within the transparency agenda, and hospitals are falling under more scrutiny on both the state and federal level.

The line between not-for-profit and for-profit hospitals has blurred. Bill Petasnick, who serves on the AHA Board, said AHA is increasingly concerned about the public's perception of hospitals. With Congressional hearings focused on hospital billing practices and with a lack of common definitions, community benefits have taken center stage, according to Petasnick.

"We must be proactive in our leadership on this issue and define, measure and get ahead of the curve on this issue," Petasnick urged. "We are 'guilty' of something, and we are not even sure what it is."

Fale and WHA staff member George Quinn said the Task Force is developing a standardized community benefits reporting survey to create the basis for releasing a Wisconsin Hospital Community Benefits Report. In addition to the release of a statewide report, efforts are also being made to develop a plan to communicate community benefits statewide and locally on a regular basis.

Fale said the WHA Board would receive the Task Force's recommendations at its October meeting.



Loren Anderson, Chuck Shabino

## Brenton: Medical Malpractice is Now Association's #1 Public Policy Issue in 2005

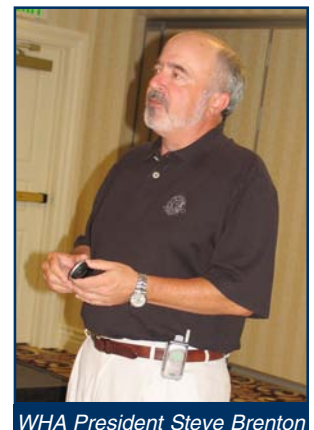
Brenton pulled no punches as he summarized the previous day's discussions at the Board Planning Session that covered several key issues of importance to Wisconsin hospitals.

"The biggest issue we face going forward in 2005 is, without a doubt, the looming medical malpractice crisis. I've had more discussion about this than anything else I've ever seen since returning to Wisconsin in 2002," Brenton related. "Our prior experiences in recruiting and retaining doctors due to the favorable liability environment may become a thing of the past. Losing the cap is a big deal. Quite frankly, our #1 recruiting tool in an era of physician shortages is now gone," he added.

Brenton said WHA has already started attacking the problem, following a five step plan, which includes:

- ♦ Communication and Education
  - Aimed at public and politicians; emphasizes access to care issue
  - Discuss impact of Ferdon decision in your community
- ♦ Identify a Legislative "Fix"
  - Part of a larger tort reform bill that is related to other recent Supreme Court decisions
- ♦ Leadership in Developing a Coalition
  - A coalition will emerge that will push the "fix" agenda
- ♦ Pass & Sign into Law
  - Republican leadership in a "fix" ASAP. Potential Doyle veto.
- ♦ Influence Supreme Court Elections — April 2006
  - Not usually a race that WHA gets into, but it will now!

Editor's Note: Watch for more information in The Valued Voice related to the Board Planning Session in the weeks ahead as new initiatives and programs are unveiled in response to the issues raised at the Planning Session. Your input is always welcome. Contact Steve Brenton, 608-274-1820 or [sbrenton@wha.org](mailto:sbrenton@wha.org).



WHA President Steve Brenton