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Governor Doyle Confirmed as Luncheon Keynote at 2010 Advocacy Day Event is five weeks away, register your hospital contingent today



Gov. Jim Doyle

Governor Jim Doyle has confirmed he will deliver the luncheon keynote address at WHA's 2010 Advocacy Day April 13 at the Monona Terrace in Madison. This will be the Governor's final keynote presentation at Advocacy Day, as he is not seeking reelection in 2010.

"It has been a pleasure to have Governor Doyle at Advocacy Day during his many years in office. We look forward to this final opportunity to hear about his plans for the remainder of his term and to recognize his significant accomplishments to advance Wisconsin health care," said WHA President Steve Brenton.

Governor Doyle has presented the luncheon keynote address at Advocacy Day nearly every year since he first took office in 2003. The Governor's remarks are always one of the highlights of this event and attendees look forward to his comments each year.

2010 Advocacy Day is a free event where 600 hospital employees, trustees and volunteers converge on Madison. This year, attendees will hear morning keynote Juan Williams, senior NPR correspondent and FoxNews contributor, as well as a Gubernatorial Candidate Forum. They will also learn about priority legislative issues in advance of their legislative visits later that afternoon.

WHA strongly encourages you to register your hospital contingents—hospital leaders, employees, trustees and volunteers—for this important event. Advocacy Day is free of charge but registration is required. The event takes place at the Monona Terrace in Madison on April 13. A complete program and registration form are available online at www.wha.org.

For registration questions, contact Lisa Littel at llittel@wha.org or at 608-274-1820. For all other questions, contact Jenny Boese at 608-268-1816 or jboese@wha.org.

CAH Assessment Gains Momentum

Next stop JFC for Rural Healthcare Access Act; Transparency legislation signed into law

On a 4-1 vote, the Senate Public Health, Senior Issues, Long-Term Care, and Job Creation Committee quickly and efficiently approved Senate Bill (SB) 553, The Rural Healthcare Access Act. The bill, which would strengthen rural health through a new assessment on critical access hospitals, had a hearing in the Committee last week. Joining Committee Chair Senator Tim Carpenter (D-Milwaukee) in voting in favor were bill co-sponsors Senators Spencer Coggins (D-Milwaukee), Kathleen Vinehout (D-Alma) and Dale Schultz (R-Richland Center). Sen. Dan Kapanke (R-La Crosse) voted against the measure.

SB 553, which has strong bi-partisan support in the Legislature with 41 co-sponsors, now heads to the Joint Finance Committee where it has been scheduled for a vote next week. From there, the bill would be available for consideration by the full Senate and Assembly. *(continued on page 2)*

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Transparency legislation signed into law

Also this week AB 614 was signed into law by Gov. Doyle at Children's Hospital in Milwaukee as 2009 Wisconsin Act 146: www.legis.state.wi.us/2009/data/acts/09Act146.pdf. The new law will increase the amount of information health care providers and insurers disclose to health care consumers.

As previously reported, WHA worked closely with the bills' authors, Rep. Jon Richards (D-Milwaukee) and Sen. Jim Sullivan (D-Wauwatosa) to ensure the new law acknowledged hospitals' continuous proactive transparency efforts and recognized their unique position to take advantage of existing infrastructure (including the electronic submission and collection of hospital data that is mandated under Wis. Stats Ch. 153), and transparency technology.



Left to Right: Peggy Troy, CEO, Children's Hospital; Sen. Jeff Plale; Sen. Jim Sullivan; Gov. Doyle.

Due to amendments secured by WHA, hospitals will be able to comply with requirements in the proposals through both PricePoint and CheckPoint.

Enhanced Medicaid Funding Extended in Senate Jobs Legislation *Physician payment fix and EHR clarification also in Senate-passed bill*

By a 62-36 vote, on March 10 the U.S. Senate passed a \$140 billion "jobs" package. Among the provisions are increased Medicaid dollars for states, a temporary reprieve from Medicare physician payment cuts, and an important clarification to health information technology incentive payments for physicians and hospitals. Both Wisconsin Senators Herb Kohl and Russ Feingold voted in favor.

"Passage of this legislation is important for Wisconsin," said WHA President Steve Brenton. "The bill addresses short-term Medicaid and physician payment that left unaddressed would have created a real meltdown for our entitlement programs. And addressing an HIT definition concern removes one of several problems that providers have with pending 'meaningful use' regulations."

Under the package, states will continue to receive enhanced Medicaid payments for another six months, an extension that will run through June 2011. These Federal Medical Assistance Percentages (FMAP) increases were initially included under the American Recovery & Reinvestment Act (ARRA) to address the difficult budget situations many states faced in the midst of the economic downturn. The increases were set to expire later this year unless acted upon by Congress. The extension included in the legislation should help Wisconsin minimize further Medicaid reductions. It is estimated that Wisconsin will receive an additional \$300 million through the temporary extension—dollars that should be for Medicaid, as intended.

Physicians will see a temporary reprieve from the 21 percent Medicare reimbursement cuts, which were slated to take effect the end of March. The legislation pushes off until October the reductions under the Sustainable Growth Rate. While this temporary reprieve is important, physicians, hospitals and others continue to advocate for a permanent solution to this unworkable reimbursement formula.

The legislation also includes a clarification to the definition of "hospital-based professionals" under ARRA's health information technology incentive payments. The incentive payments are designed to help hospitals and physicians implement electronic health records, but the proposed definition excludes many physicians from these payments because of their work in an outpatient hospital setting. The clarification would remove "outpatient" from this definition.

Late last year the U.S. House passed its version of the "jobs" package. It is uncertain whether the House will simply accept the Senate version or demand a conference committee to reconcile the differences between the two.

Spotlight Shining Brightly on Paul Ryan

No member of Congress has had a better month than Wisconsin's own Paul Ryan (R-Janesville). The six-term, 40-year-old Ryan, who serves as ranking member of the House Budget Committee burst on the scene during President Obama's appearance at the Baltimore Republican Congressional Retreat back in early February and then exploded on the national stage a few days later during the February 25 Health Reform Summit at Blair House when he accomplished the near impossible by causing the President to become non-responsive to his deconstruction of the claim that Obamacare will reduce the federal budget deficit.

The Hill (D.C. daily newsletter) calls Paul Ryan a "rising star," *Fortune Magazine* described him recently as "the leading Republican voice on economic policy," and the *Wall Street Journal*, the *Weekly Standard*, the *Washington Post*, etc. have all run substantive stories on Ryan's Roadmap for America's Future. In fact, national publications of all political stripes have given far more attention to Ryan's emergence as a credible national leader on economic and health care issues than has Wisconsin-based media.

Ryan's articulate critique of claims that Obamacare will reduce the budget deficit has yet to be effectively addressed by the Administration and Democrat Leaders. Conservative pundits have labeled his six-minute Blair House performance a "YouTube classic." And the fact that the White House has failed to challenge his number crunching analysis helps explain why voters don't buy the notion that covering 30 million currently uninsured citizens (a worthy outcome) can somehow be accomplished "on the cheap." Cutting future hospital payments, "senior friendly" Medicare Advantage subsidies, and

Cutting future hospital payments, "senior friendly" Medicare Advantage subsidies, and taxing the handful of Americans making over \$200,000 a year won't be enough.

taxing the handful of Americans making over \$200,000 a year won't be enough. The numbers don't add up, which is why the new taxes and other revenue raisers would go into effect immediately with the real spending being delayed for four years—a gimmick designed to keep the overall price tag below \$1 trillion.

Congressman Ryan's claim that the 'real' price tag of Obamacare is at least \$2.3 trillion has been treated with silence by the bill's supporters. Just one example...the current projected price tag for Obamacare assumes that Congress will allow physician reimbursements to be slashed by \$370 billion over the decade. Does anyone believe that will actually happen? In fact, a meaningful physician payment "fix" will (and should) not only stop the cuts but appropriately pay for cost-of-doing business inflation. And accomplishing the physician payment "fix" in separate legislation doesn't make the true costs go away.

And accomplishing the physician payment "fix" in separate legislation doesn't make the true costs go away.

Wisconsin is fortunate to be represented by a lawmaker who is adding credible and intelligent discussion to what has largely been a debate over poll-tested sound bites. The country deserves this necessary addition to the larger reform debate. Regardless of one's personal position on health reform, a credible price tag, paid for by real revenues, must be part of the final equation.

Steve Brenton
President

CMS Working to Address OPSS Rule's Physician Supervision Concerns **WHA letter asks for written guidance**

This week, the Centers for Medicare and Medicaid Services (CMS) attempted to end the 2010 outpatient prospective payment system (OPSS) rule's physician supervision kerfuffle between CMS and rural hospitals around the country during a Rural Health Open Door Forum. The OPSS rule requires outpatient therapeutic services at PPS hospitals and CAHs to be furnished under the direct supervision of a physician or nonphysician practitioner. To meet the standard of "direct supervision," the physician or nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure.

Medicare Intermediaries around the country have told rural hospitals and CAHs that the OPSS rule's direct supervision standard would not permit an emergency department physician to supervise an outpatient therapeutic service such as a patient in an observation unit. This interpretation would preclude many rural hospitals and CAHs from providing certain outpatient therapeutic services in their communities. Rural hospitals and CAHs expressed their concern to their members of Congress and CMS. In a letter to CMS, Rep. Ron Kind wrote, "I'm deeply concerned that [the direct supervision requirement] will lead to patient access problems if hospitals are forced to discontinue or limit the hours of certain outpatient services because it cannot meet CMS standards for specific supervision coverage."

During this week's Open Door Forum, CMS acknowledged the issues created by the interpretation of "direct supervision" and allowed that it would be acceptable for emergency department physicians to supervise certain outpatient therapeutic services. In a letter to CMS, WHA President Steve Brenton thanked CMS for recognizing during the Forum that rural hospitals and CAHs deliver health care to their communities differently because of staffing issues, remoteness, scale, and many other factors. Brenton noted that CMS's standard, a well-intentioned effort to help ensure the delivery of high quality health care, could have the unintended effect of actually ending the delivery of what has been high quality health care in some of our most remote communities.

Brenton asked CMS to provide the guidance it offered during the Forum in writing to the hospital community as quickly as possible, to provide clear standards that would allow hospitals to rely on their emergency department physicians for supervision of outpatient therapeutic services in appropriate circumstances.

A copy of Brenton's letter to CMS is available here: www.wha.org/WHAletterCMS3-2010.pdf.

Member News: Dr. Robert Nesse Named CEO of Mayo Health System



Robert Nesse, MD

Robert Nesse, MD has been named the new chief executive officer (CEO) of Mayo Health System. Nesse is succeeding Peter Carryer, MD, who will retire this summer.

Nesse joined Mayo Clinic in 1980 and has been president and CEO of Franciscan Skemp Healthcare – Mayo Health System since 2004. He has held many leadership roles within Mayo Clinic and Mayo Health System for a number of years. Nesse has been active in Mayo Clinic's health policy efforts and has been a member of the Mayo Clinic Board of Governors since 2005. He is a family medicine physician. The timeline for the leadership transition will be determined in the coming weeks, as will the timeline for selecting a new CEO for Franciscan Skemp.

As CEO of Mayo Health System, Nesse will work with Mark Koch, chair of Mayo Health System Administration, to provide leadership and direction to the health system, which now encompasses more than 70 locations in Minnesota, Iowa and Wisconsin.

WIRED for Health Board Holds First Meeting

Board will develop plan for state-level health information exchange

The Wisconsin Relay of Electronic Data (WIRED) for Health Board met for the first time March 8. The 15-member Wisconsin Board was created in December 2009 by Governor Doyle and is charged with developing plans for statewide health information exchange over the next six months. WHA President Steve Brenton and Tim Size, executive director of the Rural Wisconsin Health Cooperative, are members of the Board.

Planning functions of the WIRED for Health Board are being substantially supported by a \$9.4 million grant from the American Reinvestment and Recovery Act (the 2009 stimulus bill) to plan and begin implementation of state-level health information exchange over the next four years. Pursuant to the grant, the WIRED for Health Board is to develop plans for a statewide health information exchange that will:

- Outline provisions for oversight and accountability of state-level health information exchange;
- Identify, secure and provide funding to build health information exchange capacity and ensure long-term sustainability;
- Provide a technical infrastructure for health information exchange of electronic health care records;
- Help health care providers use and exchange electronic records;
- Provide for the operation and flow of health information; and
- Create a common set of rules for exchanging health information while protecting patient interests.

During the meeting, the WIRED for Health Board approved co-chairs for the five committees that will be supporting the Board's work. Department of Human Services staff indicated that the committee co-chairs will be selecting membership for the committees soon.

Governance Committee Co-Chairs:

Karen Timberlake, Secretary, DHS
Craig Sammit, Dean Health Systems

Finance and Audit Committee Co-Chairs:

John Foley, Anthem Blue Cross Blue Shield
Jim Johnston, DHS Medicaid CFO

Standards and Architecture Committee Co-Chairs:

Dave Lundal, SSM Healthcare Wisconsin
Kim Pemble, WHIE/NIMI

Legal and Policy Committee Co-Chairs:

Jared Adair, WPS Health Insurance
Mark Kirschbaum, UW Health

Communications, Marketing, and Education Co-Chairs:

Sue Gaard, Confident Conversations LLC
Judith Robson, State Senate

The WIRED for Health Board will begin strategic planning for state-level health information exchange at its next meeting, scheduled March 23. WHA will be hosting the meeting at its headquarters.

What Financial Lessons Did Americans Learn in the Past Decade?

(From Solutions Spotlight, included in this week's packet.)

The Principal Financial Well Being Index was completed in the fourth quarter of 2009. The report revealed much about how employees were feeling about their financial state, the events of the past couple of years and their plans for the future. Key findings include:

- **Events that impacted your financial well being.** The number one impact listed was the price of gasoline in 2008, followed by both the drop in real estate prices and the financial markets.
- **Economic Perceptions at the end of 2009.** Opinions varied, but 37 percent of employees said they felt better off now than at the beginning of 2009. On the other hand, 44 percent of employees noted that they were "cautious" about the future and 17 percent of employees were "pessimistic."
- **Strategic steps for the future.** Not surprisingly, 74 percent of employees plan on spending less in the future. Thirty-two percent of employees plan to set aside an emergency fund and 33 percent of employees plan to pay off credit card debt. Finally, participants plan on using more online resources to monitor their accounts on a regular basis.

So what does all this mean for your plan? Most participants are still cautious to pessimistic about their future. Education is paramount to promoting better understanding and participation. Contact Forrest Ross at fross@wha.org for specific ideas on educating your participants about your plan.

Care, Comfort and Hope

Wisconsin Hospitals Community Benefits

Social and Economic Factors that Influence Health

There is a strong association between social and economic factors and adverse health outcomes. Low socioeconomic status, including poverty, lack of education, and other factors are strong influences on health. Wisconsin hospitals are dedicating resources and developing programs to address these issues and improve the health status of those individuals that often cannot access even basic health services.

There's no place like home

Homelessness is a problem with far-reaching effects. It devastates families and in our cold climate is often an issue of survival. Entering its thirteenth year of operation, the House of Mercy Homeless Center opened after Mercy Health System's President and CEO Javon R. Bea noticed more and more patients citing the family car as their primary residence when coming into the emergency department. This was alarming because, up until that point, local support resources had assumed that homelessness wasn't a significant or growing problem in the southern Wisconsin area.

In the spring of 1996, Mercy converted its former residential addiction treatment building into the House of Mercy Homeless Center, which can comfortably house 25 people for up to 30 days at a time. In August 1996, the House of Mercy Homeless Center for women and families opened after nearly one year of concerted effort. Within three days of opening, the Center's 25 beds were filled to capacity. From 1996 until March 2009, the House of Mercy Homeless Center has provided shelter to 49 percent of those children and has given 3,737 individuals a place to feel at home for a short time.

Even in tough economic times, the House of Mercy Homeless Center is able to stay in operation because of the funds accumulated through the Center's annual Charity Ball. This year, a goal of \$150,000 was set, and we're proud to announce \$180,000 was raised, showing that people are willing to help one another, even when we're all tightening our own belts.

The House of Mercy is more than a temporary shelter. It is dedicated to helping its residents find lasting housing solutions. Residents receive the services of a housing resource counselor and social worker, and support services have grown to include parenting classes, stress management training, free child care, rent assistance and budgeting education.

One past resident of the House of Mercy stated, "I came to the House of Mercy because I had nowhere else to turn. I would have never dreamed I'd be homeless, but if it wasn't for the House of Mercy it's hard telling where I would be right now, and I don't think it would be very good. I went from absolute nothing to having everything I need thanks to the help of the House of Mercy. I have an apartment. I have a job. My kids have food. They even supplied me with resources or people giving furniture away, so I had everything I needed when I moved into my apartment. It was a true blessing."

Mercy Health System, Janesville

Hospital hosts program to assist the unemployed

Like many communities in Wisconsin, Stoughton has been affected by the economic downturn – experiencing layoffs at many area industries and businesses.

Stoughton Hospital recognized in these tough economic times that now, more than ever, it was important to give back to their community. To that end, the hospital decided to develop an employment tools workshop.

On May 14, 2009 the hospital hosted "Stoughton Hospital Gives Back to the Community." The hospital's administrators, managers and human resources department provided their skills and expertise related to resume touch-ups, resume posting online, mock interviewing and volunteer-to-hire opportunities. Over 20 people participated in the event.

"It was a rewarding experience to provide help and support to the members of our community who are anxious to regain employment and were willing to seek out extra advice on ways to improve their job searching skills—regardless of their line of work," stated Chris Schmitz, Stoughton Hospital human resources manager.

"Hospitals are like a city within a city—comprised of a very diverse set of careers and employment functions. As a result, we sometimes forget we have many talents to share beyond just providing health care services," added Schmitz.

Stoughton Hospital, Stoughton

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Wisconsin Hospitals Community Benefits (continued)

Compassion for the community: Sacred Heart instills hope during difficult times

In wake of the current economic situation, Sacred Heart Hospital's deeply rooted Franciscan values not only fulfill the Sisters' Mission through charitable donations both domestic and abroad, but the hospital remains forever committed to building a stronger community and supporting those within it. For that reason, the programs that Sacred Heart provides are designed specifically to enhance the physical, spiritual, emotional, and financial wellbeing of patients and the community.

On November 12, 2008, the hospital hosted a free economic forum, "From Wall Street to Main Street: Living with Economic Uncertainty," which featured a panel discussion of the present economic circumstances that was followed by a Q & A session to allow community members the opportunity to voice their concerns. The forum compared the differences in the national, state, and local economic conditions, and was designed to answer questions, alleviate anxiety, and instill hope during a difficult time.

And on November 11, 2008, Sacred Heart Hospital's Center for Healthy Living and Friends of Sacred Heart co-sponsored a seminar for hospital employees and retirees, "In Today's Economy, Is Retirement Still an Option." The seminar was presented by Kevin McKinley, of McKinley Money, who took time to outline and explain formulas that could act as guidelines before and during retirement.

Sacred Heart Hospital, Eau Claire

Farm Family Day success

The Friends of St. Joseph's Hospital's 6th Annual Farm Family Event, "Sustaining Working Lands and the Future of Farming," on March 30 was a huge success.

McDonald Hall was filled to capacity with 63 Chippewa County farmers in attendance. Staff offered free blood pressure screenings and a screen for prostate cancer to eight individuals. Nine local businesses and the Agriculture Advancement Fund at the Community Foundation of Chippewa County sponsored the event.

Richard Stadelman, executive director of Wisconsin Towns Association, was the keynote speaker and discussed the Sustaining Working Lands Initiative and the Comprehensive Planning Law in Wisconsin. Stadelman serves as an attorney and lobbyist for the WI Towns Association and has participated in several state planning committees including the DATCP Livestock Facility Siting Committee and most currently the DATCP Working Lands Steering Committee. Todd Schrankel, Kohel Power Equipment, Chippewa Falls, gave an overview of the new GPS technology used in precision farming.

The Friends of St. Joseph's Hospital hosts Farm Family Day on an annual basis. Carl Cronquest, chair of the Friends of St. Joseph's Hospital's Farm Committee and lifelong Chippewa County farmer, promotes the event as a way to reach out to rural farmers.

"Our goal is to offer free information on a current topic in farming as well as promote health, through screenings and education," said Cronquest.

St. Joseph's Hospital, Chippewa Falls

Building better communities — and better health — in our own backyard

Good neighbors build better communities, and a strong community can benefit the health of its residents. That's why Theda Clark Medical Center joined forces with Children's Hospital of Wisconsin-Fox Valley to say yes to a partnership suggested by parents and staff at Roosevelt Elementary School, located right across the street from the hospitals' shared campus in Neenah.

One key element of the partnership, rooted in the school's "Wellness — Go For It" theme for the 2008–2009 academic year, was the Backyard Buddies program. Through it, employees of both hospitals spent 30 minutes weekly with students needing one-on-one time with a caring adult. Some 30 grown-up "buddies" visited with their students each week, eating lunch, helping with homework, playing games, or teaching a new skill.

"The relationship reinforced academics as well as built social and friendship skills," says Roosevelt principal Phil Johnson. "The kids' self-esteem was certainly enhanced."

Beyond this mentoring program, hospital employees facilitated assemblies for the entire student body, including a session on nutrition and an exercise-centered "fitness festival." An active, healthy lifestyle was the focus for all programming.

The partnership also yielded benefits for hospital staff and patients as Roosevelt teachers and administrators encouraged students to give back to the community. Theda Clark Medical Center employees like partnership co-chair Mary Bera worked with the school to arrange student concerts in the Theda Clark cafeteria, coordinate distribution of students' cards and potted plants to patients, place artwork in display cases, and organize a fund-raiser for a Children's Hospital "library wagon" to transport books to young patients.

Says Bera, "With the support of ThedaCare and Children's Hospital management, our employees have made a positive difference in the lives of both Roosevelt students and our patients."

Theda Clark Medical Center, Neenah

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Wisconsin Hospitals Community Benefits (continued)

Adopt-A-School Program

Parenting has a lifetime of responsibilities.

For the children at Lincoln Elementary School, St. Mary's has adopted some of the attributes of good parents: provider, nurturer, role model.

The south Madison school is challenged by the fact that some 70 percent of students live in poverty. St. Mary's provides material needs and services as part of the Foundation for Madison Schools' Adopt-A-School Program. The long-term partnership began in 2008 with a drive for school supplies followed by two days of on-site help with landscaping, painting, library work and classroom activities.

Future initiatives may include education about careers, health and wellness, including asthma—a condition that affects many in poverty.

St. Mary's Hospital, Madison

Submit community benefit stories to Mary Kay Grasmick, editor, at mgrasmick@wha.org.



Read more about hospitals connecting with their communities at www.WiServePoint.org.