

March 5, 2010

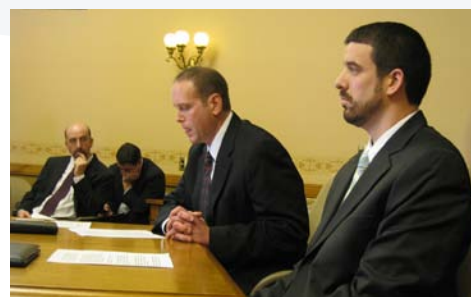
Volume 54, Issue 9

## Hospital CEOs Testify at CAH Assessment Legislative Hearing: *“News of the Medicaid cuts...was devastating...came at the worst time.”*

The Rural Healthcare Access Act, (AB 770/SB 553), which would strengthen rural health through a new assessment on critical access hospitals, took a step forward March 4 when the Assembly Rural Economic Development Committee passed AB 770 on a 7-2-1 bipartisan vote (Rep. John Murtha (R-Baldwin), who is a sponsor of AB 770 was unable to attend the vote). The vote came just two days after a hearing on the bill. The bill also received a hearing March 5 in the Senate Committee on Public Health, Senior Issues, Long-term Care, and Job Creation.

Two Wisconsin CAH executives provided compelling testimony at both hearings. WHA Executive Vice President Eric Borgerding, Rural Wisconsin Health Cooperative Executive Director Tim Size, and Lisa Maroney and Byron Crouse, MD, from the UW School of Medicine and Public Health, also testified at the hearings.

Borgerding explained the impact of the cuts will be felt far into the future in Wisconsin’s rural communities. (Read Borgerding’s testimony: [www.wha.org/governmentRelations/pdf/CAHtestimonyBorgerding3-2-10.pdf](http://www.wha.org/governmentRelations/pdf/CAHtestimonyBorgerding3-2-10.pdf))



*John Russell, administrator, Boscobel Area Health Care, and Jeremy Normington, CEO, Moundview Memorial Hospital*

*(continued on page 9)*

## WHA Medicaid Advisory Group Meets with DHS Staff

On March 3, the WHA Medicaid Advisory Group, chaired by Meriter CEO Jim Woodward, had its kickoff meeting with the Wisconsin Department of Health Services (DHS). State Medicaid Director Jason Helgerson, along with other DHS staff, joined WHA staff and about a dozen members for the first of what will be regular monthly meetings to discuss important Medicaid payment and coverage issues. The meetings will promote more transparency in the rate-setting process and allow a platform for direct hospital input into the many Medicaid processes and policies carried out by DHS.

At the meeting, DHS provided an overview of the annual Medicaid rate-setting process, including timing, data sources used, and the various adjustments that impact the final result.

“The Department’s presentation was excellent. I think the advisory group members left the meeting with a much better understanding of the process and the important and difficult issues we will be tackling over the next several months,” said Woodward.

Other topics discussed in the first meeting included additional potential rate reforms, the BadgerCare Core and Basic plans, the RFP process regarding Medicaid HMOs in Southeastern Wisconsin, and an upcoming disproportionate share hospital payment audit that will be conducted by the firm of Coleman & Williams. Concerning the audit, the auditors advised the group that letters have been mailed to hospitals, and there is a relatively short timeframe to respond.



*Jason Helgerson and Jim Johnston, DHS*

*(continued on page 8)*

## WHA Testifies in Support of Health Information Exchange Bills

Committees in the State Senate and Assembly heard testimony Wednesday, March 3 on legislation that authorizes the creation of a private-public entity to coordinate planning and implementation of a statewide health information exchange (HIE) system. Under the terms of a \$9.4 million federal grant to the Wisconsin Department of Health Services, the state must select a state-designated entity (SDE) to carry out these functions.

Joe Kachelski, vice president, WHA Information Center, presented testimony supporting the legislation. He noted that hospitals in Wisconsin have invested tens of millions of dollars in recent years to advance their health information technology capabilities to provide safer, more cost-efficient and higher quality care to their patients.

Kachelski explained that an HIE system in the Milwaukee area has allowed clinicians providing care in Milwaukee emergency rooms to have access to information about care that may have been delivered at another location, alerting them to possible prescription-drug interactions, recent diagnostic tests, and other information that improves the quality and cost-efficiency of care.

"Experience with this project to date shows the promise of broader HIE applications," Kachelski said.

Kachelski said that WHA is pleased that the bill provides for formal representation from the private sector, including representatives of health care providers, on the board of the SDE.

"Efforts to evolve HIE in Wisconsin must be coordinated with input from the stakeholders who have the technical and clinical knowledge to make it work," Kachelski said.

The Wisconsin Relay of Electronic Data (WIRED) for Health Board, recently appointed by an Executive Order of Governor Doyle, will carry out planning responsibilities pending the establishment of the SDE. The WIRED Board, which includes WHA President Steve Brenton, contains a broad cross-section of stakeholders, including payers, consumers, health-care providers, academia, and state government. It is expected that there will be substantial overlap between the members of the WIRED for Health Board and the future SDE board. (See related story on page 3.)

## WHA Task Force: CMS Implementation of EHR Incentive Program is Flawed



Matthew Stanford; Sandy Anderson; Marie Wiesmann, Fort HealthCare

WHA's HIT and State-Level Health Information Exchange Task Force met March 3 and provided input on WHA's comment letter to the Centers for Medicare and Medicaid Services' (CMS) recently proposed rules implementing the federal electronic health record (EHR) incentive program.

"WHA is very concerned that the high bar for achieving 'meaningful use' and the limited transition times proposed in the rules will severely limit all hospitals' ability to access the much needed EHR incentive payments provided under the federal stimulus bill," said Task Force Chair Sandy Anderson, CEO, St. Clare Hospital in Baraboo.

The Task Force also expressed concerns that the flawed CMS meaningful use plan and timeline could have a deleterious effect on quality as CMS's proposed rules include untested measures and encourage providers to rush implementation of complex EHR systems.

Preliminary results from a recent survey of Wisconsin hospitals gauging their ability to meet the meaningful use requirements proposed by CMS helped solidify the Task Force's concerns about the proposed rule. *(continued on page 4)*

## Doyle Names Brenton, Size to WIRED for Health Board



Tim Size

Steve Brenton

Governor Jim Doyle has appointed WHA President Steve Brenton and Tim Size, executive director of the Rural Wisconsin Health Cooperative, to the 15-member Wisconsin Relay of Electronic Data (WIRED) for Health Board. The Governor announced the creation of the WIRED for Health Board in December 2009 to develop plans for a statewide health information exchange. The Board is also charged with creating a governance structure for a statewide electronic health information exchange.

“Wisconsin is first in the nation in health care quality, and a secure, statewide electronic medical records exchange will support jobs in our health technology industry and take our great health care system to the next level,” Governor Doyle said. “The WIRED for Health Board will develop plans for a statewide exchange that will make it easier to transfer needed medical information from one hospital or clinic to another, benefiting patient safety while reducing duplication in medical tests and decreasing administrative costs.”

“The new WIRED for Health Board represents a terrific opportunity for engaged stakeholders to develop a collaborative approach to advancing health care improvement in Wisconsin,” said WHA President Steve Brenton.

The Governor appointed the following individuals to the Board:

- Stephen Brenton, Wisconsin Hospital Association
- Tim Size, Rural Wisconsin Healthcare Collaborative
- John Foley, Anthem Blue Cross Blue Shield
- Mary Davis Michaud, patient/consumer representative
- Susan Turney, Wisconsin Medical Society
- John Whitcomb, Aurora/Milwaukee County Medical Society
- Cheryl DeMars, The Alliance
- Gary Plank, Marshfield Clinic
- Robert Carlson, Marshfield Clinic
- Norma Lang, University of Wisconsin-Milwaukee College of Nursing
- Christopher Queram, Wisconsin Collaborative for Healthcare Quality
- Jeffrey Grossman, University of Wisconsin Health
- Oskar Anderson, State of Wisconsin Chief Information Officer
- Jason Helgerson, State of Wisconsin Medicaid Director
- Seth Foldy, State of Wisconsin Public Health Officer

The WIRED for Health Board replaces the eHealth Care Quality and Safety Board and will develop plans for a statewide health information exchange that will:

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

## **Continued from page 2 . . . WHA Task Force: CMS Implementation of EHR Incentive Program is Flawed**

“Without changes to CMS’s implementation plan, hospitals and physicians throughout Wisconsin and the rest of the country will not be able to access the funds dedicated in the federal stimulus bill to advance implementation of EHR systems,” said Matthew Stanford, associate counsel, WHA.

WHA is in the process of finalizing its comment letter to CMS. This week, WHA also sent a model letter to all Wisconsin hospitals and encouraged them to submit their own comments on the CMS ‘meaningful use’ rule as well. All comments are due March 15.

The Task Force also discussed the upcoming WIRED for Health Project to plan and implement statewide health information exchange (see story on page 2). It recommended a set of high-level principles that it would like to see guide the planning and implementation of state-level health information exchange in Wisconsin.

Those principles include ensuring that the exchange provides value for providers, patients, public health, and the general public, developing the exchange incrementally, and avoiding provider participation and/or funding mandates for the exchange by ensuring that the exchange provides value to providers. A copy of those principles can be found at [www.wha.org/recommendedSLHIEprinciples.pdf](http://www.wha.org/recommendedSLHIEprinciples.pdf).

Finally, the Task Force discussed opportunities for HIT-related education for members. Expect to see education opportunities at the June Rural Health Conference, WHA region meetings and webinars over the coming months.

If you have questions, contact Matthew Stanford at [mstanford@wha.org](mailto:mstanford@wha.org) or 608-274-1820.

## **44 Wisconsin Providers, Organizations Send Delegation Letter Supporting Enhanced Medicaid Funding** ***Temporary Medicaid increase set to expire unless Congress acts***

Within the span of 24 hours, 44 health systems, provider associations and organizations who serve Medicaid patients signed onto a letter urging Wisconsin Members of Congress to support temporary enhanced Medicaid funding.

“As leading representatives of the 30,000 providers of Medicaid services in Wisconsin and advocates for the more than one million Wisconsin citizens who depend on those services, we write today to urge you to provide states with a six-month extension of the American Recovery and Reinvestment Act (ARRA) enhanced Federal Medical Assistance Percentage (FMAP),” the letter began. “Wisconsin received \$1.2 billion in additional federal Medicaid funding...[and] we are gravely concerned that the sudden end of this enhanced FMAP will have serious, negative consequences for Wisconsin’s Medicaid program.”

Wisconsin has much to be proud of with regard to providing safety net coverage to nearly 1 million individuals across the state through the BadgerCare Plus program. However, with the economy yet to fully stabilize and unemployment hovering nationally at 10 percent, coverage for these 1 million Wisconsinites may be at risk if these increases sunset too quickly.

“Many states have already resorted to across-the-board provider rate reductions and benefit reductions to address their fiscal problems. Wisconsin has made every effort not to implement these approaches because it is in difficult economic times when Medicaid services are needed most,” the letter continued. “An extension of the ARRA FMAP is vital to assisting the state in maintaining its Medicaid program until the economic recovery gains strength.”

The temporary funding was initially included under ARRA and is set to expire by the end of this year unless Congress intervenes. Proposals are pending in Congress on this matter, but none have yet been enacted.

Read the text of the letter online at [www.wha.org/arra2-26-10.pdf](http://www.wha.org/arra2-26-10.pdf).

## **Transparency Bill Could Soon be Law**

### ***Emergency volunteer bill signed into law; Committee amends nurse-midwives proposal***

This week, on a 31-0 vote, the Senate concurred with the Assembly on AB 614, the transparency proposal that seeks to increase the amount of information health care providers and insurers disclose to health care consumers.

The bill, which had passed the Assembly on a voice vote after unanimous approval by the Assembly Health Committee, includes a requirement that if a health care provider has publicly reported quality data, they are required to make that data available. A similar companion proposal, SB 418 that unanimously passed the Senate Health Committee, did not include the quality data requirement.

WHA worked closely with the bills' authors, Representative Jon Richards (D-Milwaukee) and Senator Jim Sullivan (D-Wauwatosa) to ensure the proposals 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. Due to amendments secured by WHA, hospitals will be able to comply with requirements in the proposals through both PricePoint ([www.wiPricePoint.org](http://www.wiPricePoint.org)) and CheckPoint ([www.wiCheckPoint.org](http://www.wiCheckPoint.org)).

AB 614, having passed both houses, can now be forwarded on to Governor Doyle who is expected to sign the bill into law.

### ***Emergency Responder bill signed into law***

This week Governor Doyle signed SB 308 into law. 2009 Wisconsin Act 140 ([www.legis.state.wi.us/2009/data/acts/09Act140.pdf](http://www.legis.state.wi.us/2009/data/acts/09Act140.pdf)) will permit employees who are volunteer emergency responders to be late or absent from work if that lateness or absence is due to responding to an emergency.

WHA worked with the bill's authors Senator Kathleen Vinehout (D-Alma) and Representative Scott Gunderson (R-Waterford) to amend the proposal to not apply to employees that provide direct patient care in emergency rooms and intensive care units.

### ***Assembly Health Committee amends nurse midwives proposal***

Also this week, the Assembly Health Committee amended AB 675 relating to Certified Nurse Midwives (CNMs). Included in the original language was a provision that would have allowed CNMs to voluntarily participate in the Injured Patients and Families Compensation Fund (the Fund). Additionally, the bill would permit hospitals to grant admitting privileges to CNMs and would remove the requirement that CNMs have a written collaboration agreement with a physician.

At the public hearing on AB 675, WHA testified that CNMs, all CNMs, should be covered by the Fund, and that their participation in the Fund should be mandatory. WHA's testimony pointed out that since the bill would create a new class of advanced practitioners who practice without a collaboration agreement with a physician, Certified Nurse Midwives' participation in the Fund should mirror the participation of Certified Registered Nurse Anesthetists and physicians by being mandatory.

An amendment adopted by the committee requires mandatory CNM participation in the Fund. An amendment to that amendment was also adopted, requiring that a representative of the Wisconsin Nurses Association (WNA) be one of the four public members on the Fund Board.

AB 675 is now available for scheduling for a vote by the full Assembly.

## WCA Group Health Trust Board Requests WCMEW's Assistance in Awarding First Scholarship

The Wisconsin Council on Medical Education and Workforce (WCMEW) received word this week that the Wisconsin Counties Association Group Health Trust Board of Directors has funded a medical student scholarship and has requested WCMEW's assistance in selecting the recipient. The WCA's Group Health Trust Board, chaired by former Wisconsin hospital CEO John Blahnik, agreed to create a scholarship through WCMEW for Wisconsin medical school students interested in practicing primary care medicine in Wisconsin.

"This is the first time a non-health care organization has asked WCMEW to make medical student scholarships available," according to Chuck Shabino, MD, WHA senior medical advisor. "It is our hope that this—WCMEW's first scholarship—will be the first of many."

The scholarship will be administered through the WHA Foundation. Shabino said the WCA group indicated that it got the idea of establishing a scholarship after reading the 2008 WCMEW report on current and future Wisconsin physician shortages entitled "*Who Will Care for Our Patients*" (authored by George Quinn, WHA) Third or fourth year medical students attending either of Wisconsin's medical school are eligible to apply. WCMEW will work with both schools to promote awareness of the scholarship. The first scholarship will be available fall, 2010.

"This is an exciting new direction for WCMEW," Shabino said. "It builds on our efforts to train and retain primary care physicians in Wisconsin."

## Wisconsin Health Care Employee Pride Program Deadline March 26 *Don't miss an opportunity to recognize your health care workforce*



The deadline to submit your hospital's 2010 Employee Pride Program honoree is Friday, March 26. The Wisconsin Hospital Association sponsors the Health Care Employee Pride Program to recognize the dedication of Wisconsin's health care workforce. This year the program will once again encourage WHA member hospitals to invite their employees to express themselves in an essay and tell others why they chose a health occupation. The only change to the Pride program this year is WHA **will not host a banquet** for all the honorees. All other aspects of promoting and recognizing the individual Pride honorees will remain unchanged.

The Pride Program gives employees the opportunity to share why they love their career of service with others, while giving the Association an opportunity to honor their contributions to their hospital, community and profession.

A designated leader from administration, human resources, public relations or patient care from WHA member hospitals is asked to coordinate the program. Employees are encouraged to submit to the hospital a one-page essay, poem or story that explains why they chose to work in health care. From those essays, a committee at the hospital will pick one employee to represent their hospital.

The Wisconsin Hospital Association, along with the Wisconsin Society of Healthcare Human Resources Administration and the Wisconsin Organization of Nurse Executives, is proud to sponsor the Wisconsin Health Care Employee Pride Program.

Pride Program materials are available on WHA's Web site at [www.wha.org/workforce/pride\\_2010.aspx](http://www.wha.org/workforce/pride_2010.aspx). Don't miss this opportunity to participate in the 2010 Pride Program. For more information contact Shannon Nelson at [snelson@wha.org](mailto:snelson@wha.org) or Mary Kay Grasmick at [mgrasmick@wha.org](mailto:mgrasmick@wha.org), or call 608-274-1820.

## **Session on Engaging Staff Nurses Offered April 21**

WHA is offering a half-day session for those in nurse leadership roles, focused on concepts and strategies to create an engaged direct care workforce. Patricia Farrell, director of quality and innovation for the American Organization of Nurse Executives (AONE), will share knowledge gained from working with hospitals and nurse leaders across the country on the national Aligning Forces for Quality Transforming Care at the Bedside (TCAB) project.

TCAB is a national project, offered by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement, aimed at improving the care of patients in medical-surgical units by engaging front line nurses. TCAB projects were designed to create change on medical-surgical units around four improvement areas, including safety and reliability; joyful and supportive work environments; patient-centered care; and value-added work.

First piloted in 2003 in 10 hospitals across the United States, the project was then offered more broadly in cooperation with AONE. Currently, 68 hospitals are involved in TCAB projects. Theda Clark Medical Center in Neenah, Hudson Hospital, and Columbus Community Hospital are among those that have participated in the national projects.

This event is sponsored by the Wisconsin Hospital Association, as part of the Aligning Forces for Quality initiative. Aligning Forces for Quality is supported by the Robert Wood Johnson Foundation, through a grant to the Wisconsin Collaborative for Healthcare Quality (WCHQ). In Wisconsin, Aligning Forces for Quality is a joint project by the WCHQ, WHA, and other organizations.

The afternoon session will be offered on April 21, from 1 - 4:15 p.m. at the KI Convention Center in Green Bay. More information can be found in the brochure included in today's packet. Online registration is also available at [www.wha.org/education/other.aspx](http://www.wha.org/education/other.aspx). For registration questions, contact Lisa Littel at 608-274-1820 or via email at [llittel@wha.org](mailto:llittel@wha.org).

## **Nurse Leaders to Gather at W-ONE Annual Convention, April 21-23 in Green Bay**

The Wisconsin Organization of Nurse Executives (W-ONE) will host its annual convention for nurse leaders and managers April 21-23 in Green Bay. With a focus on its theme of "Leadership At Its Best," the convention will open with nationally-recognized speaker and Studer Group faculty member Liz Jazwiec, RN, BSN. Jazwiec will focus on accountability in leadership, changing behaviors, managing morale, and the crucial role leaders have in creating a culture of excellence.

The agenda will also include a variety of timely concurrent session topics, a discussion with representatives of the Wisconsin Board of Nursing on dealing with impaired professionals, and the opportunity to network and share with other nurse leaders.

In an effort to support the W-ONE membership, the W-ONE Board has decided to once again offer reduced registration fees for the 2010 event. The discounted prices are reflected in the convention brochure, which is included in this week's packet, and available online at [www.w-one.org](http://www.w-one.org).

The convention will be held at the KI Convention Center and Hotel Sierra in downtown Green Bay. You do not need to be an RN or a member of W-ONE to attend. Anyone who has responsibilities in leading and managing RNs will benefit from the educational agenda and is welcome. For registration questions, contact Lisa Littel at 608-274-1820 or email [llittel@wha.org](mailto:llittel@wha.org).

## Hospitals Encouraged to Participate in National Healthcare Decisions Day

April 16 is designated National Healthcare Decisions Day (NHDD) to highlight the importance of advance health care decision-making. NHDD sponsors are encouraging hospitals to help raise awareness in their communities of this important life planning step.

Although several states have engaged in advance directives awareness events and numerous organizations have devoted substantial time and money to improving education about advance health care planning, only a small minority of Americans has executed an advance directive. NHDD seeks to address this issue by focusing attention on advance health care planning from a variety of directions simultaneously.

The NHDD Web site ([nationalhealthcaredecisionsday.org](http://nationalhealthcaredecisionsday.org)) includes tips on how to raise community awareness. Organizations and coalitions interested in participating are encouraged to go to the Web site and complete the "Join Us" card on the NHDD Web site.

The Wisconsin NHDD state liaison is Lisa Becker, a social worker at Eagle River Memorial Hospital and an instructor in Respecting Choices Advance Care Planning Program. For more information contact her at [lisa.becker@ministryhealth.org](mailto:lisa.becker@ministryhealth.org), or 715-479-0286.

## Wisconsin Hospitals Find Many Avenues to Reach the Underserved *Socioeconomic circumstances pose unique challenges to medical access*

Unfortunately, the ability to access even a basic level of health care is tied to socioeconomic conditions that are beyond personal control. The inability to speak English, lack of health insurance, or joblessness can inhibit people from seeking medical care.

Over the next month, WHA will feature stories that illustrate how hospitals are addressing social and economic factors that influence health, one of the 11 health priorities in the Wisconsin State Health Plan. Whether it is offering Spanish-speaking health education classes, assisting those who are coping with job losses, adopting a school in their community, or helping the elderly maintain their independence, hospitals leave no stone unturned in their effort to connect people with care and improve the health status of those who are facing a multitude of challenges.

## Continued from page 1 . . . WHA Medicaid Advisory Group Meets with DHS Staff



In the upcoming meetings, the advisory group will begin discussing elements of the 2011 Medicaid rates and developing recommendations for the new rates that DHS will implement July 1, 2010. The advisory group also will discuss potential rate reforms, the hospital assessment, and other topics that will affect the development of the Medicaid budget for the next biennium.

"The makeup of the advisory group is impressive. Add to that the commitment of DHS staff, and we have what I believe will be a productive process," Woodward noted.

The next meeting is scheduled March 31 at WHA headquarters. Materials from the meetings and other information about the Medicaid Advisory Group can be found on the WHA Web site at [www.wha.org/financeAndData/MAG.aspx](http://www.wha.org/financeAndData/MAG.aspx).

## Continued from page 1 . . . Hospital CEOs Testify at CAH Assessment Legislative Hearing

“Critical access hospitals serve large geographic areas with round-the-clock care and are often the largest and best employers in their communities employing thousands of people in rural areas,” Borgerding said. “The cuts will have a damaging impact on many of these communities far into the future.”

Testimony from John Russell, administrator of Boscobel Area Health Care, and Jeremy Normington, CEO, Moundview Memorial Hospital in Adams-Friendship illustrated first-hand the impact that the recession and the cuts are already having on Wisconsin communities.



*Reps. Brett Davis (R-Oregon) and Lee Nerison (R-Westby) (pictured, far left) listen as Eric Borgerding testifies.*

Russell said the recession has been felt throughout the entire Boscobel area for the past two years. Declining patient volumes coupled with lower revenues has forced his hospital board to make difficult decisions, including closing their mental health unit. (Read Russell’s testimony: [www.wha.org/governmentRelations/pdf/CAHtestimonyRussell3-2-10.pdf](http://www.wha.org/governmentRelations/pdf/CAHtestimonyRussell3-2-10.pdf))

“Mental health services are needed in our community and in many other rural communities,” Russell said. “Unfortunately, we couldn’t continue to sustain the losses from this service.”

Financial strain also led to the sale of their nursing home because the hospital could no longer afford to subsidize the service. The \$150,000 cut in Medicaid payments is compounding an already difficult situation.

“We are doing our best to ensure access to health care because to our community this means the difference between life and death,” Russell said. “The cuts in program reimbursement could be devastating for hospitals across the state during hard times.”

Financial losses attributable to declining reimbursements and an increasing number of uninsured and underinsured patients at Moundview Memorial Hospital have already forced reductions in workforce and decreased access to health services in Adams County. Times have been extremely difficult, according to Normington.

In October 2008, the hospital’s nursing home transferred its last resident out. In December 2008, the hospital discharged its final home health patient, and on June 30, 2009, the hospital used its ambulance for the last time to transport an injured patient.

“Jobs were lost in an effort to save the hospital. In June 2008, the hospital employed more than 150 full-time equivalent employees. Today, we are at 112 full-time equivalents, a reduction of more than 25 percent of our workforce,” Normington testified. “However, these efforts allowed one of the area’s largest employers to stay in business.”

Just as the hospital began to implement their recovery plan, news of the Medicaid cuts hit, at what Normington called, “the worse time” possible. (Read Normington’s testimony: [www.wha.org/governmentRelations/pdf/CAHtestimonyNormington3-2-10.pdf](http://www.wha.org/governmentRelations/pdf/CAHtestimonyNormington3-2-10.pdf))

“I fear for my fellow CAHs what they will have to endure should these cuts stay in effect,” Normington told Committee members in both the Senate and Assembly hearings. “I can sympathize with how difficult it is to have your community members shop for health care locally when all they see is service after service leaving their community hospital.”

Half of the state’s CAHs have reported operating margins that were either barely positive or in the red, Size said in his testimony. Without the Rural Health Care Access Act that, through an assessment on

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CAHs, will provide funding to backfill the recent 10 percent cut in Medicaid reimbursement, many of these hospitals will be forced to further cut services and jobs.

“Continuing the across-the-board Medicaid cuts on our rural safety net hospitals will have a serious negative impact on access to care in many rural communities,” Size said. “It will also mean a loss of jobs throughout these communities as hospital job losses work their way through local rural economies.”

### ***Assessment Funds Rural Residency Positions, Loan Forgiveness Program***

Lisa Maroney and Byron Crouse, MD, representing UW’s School of Medicine and Public Health, testified in favor of the bills. (Read UWSMPH testimony: [www.wha.org/governmentRelations/pdf/CAHtestimonyUWSMPH3-2-10.pdf](http://www.wha.org/governmentRelations/pdf/CAHtestimonyUWSMPH3-2-10.pdf))

AB 770/SB 553 increases funding for the student loan forgiveness program for physicians, dentists, physician assistants, dental hygienists, nurse practitioners, and nurse midwives who practice at least three years in rural Wisconsin. The bill also provides funds for the Department of Family Medicine to establish and support physician residency positions and rotations at rural hospitals and clinics.

“Supporting rural residency training is critical to the supply of rural physicians,” according to Crouse. “The strongest predictor of where physicians practice is where they train.”

### ***Legislators Testify in Favor of Assessment***

Rep. Ann Hraychuck (D-Balsam Lake) is an author and enthusiastic supporter of the legislation. “As representatives of rural districts, where services are limited to begin with and medical assistance (MA) claims are already high, you can imagine how crucial these facilities are,” Hraychuck said to her fellow legislators on the Committee. “This legislation is a win-win proposal that was developed after learning of the devastating cuts our Critical Access Hospitals would be receiving.” (Read Hraychuck’s testimony at [www.wha.org/governmentRelations/pdf/CAHtestimonyHraychuck3-2-10.pdf](http://www.wha.org/governmentRelations/pdf/CAHtestimonyHraychuck3-2-10.pdf))

The birth of her first child made Rep. Joan Ballweg (R-Markesan) acutely aware of the importance of access to health care in rural areas. “Twenty-eight years ago my oldest child was born in a CAH, by an emergency C-section,” Ballweg recounted in her testimony supporting AB 770. “Luckily the births of my two daughters were much less eventful, but knowing access is available in our communities for those critical life events is a crucial aspect of successful patient care...Local communities see the value in these CAHs and consider them necessary to serve the people of their region.” (Read Ballweg’s testimony: [www.wha.org/governmentRelations/pdf/CAHtestimonyBallweg3-2-10.pdf](http://www.wha.org/governmentRelations/pdf/CAHtestimonyBallweg3-2-10.pdf))

In joint testimony submitted to the Senate Committee hearing, Sen. Mark Miller (D-Monona), and Sen. Luther Olson (R-Ripon) said they believed the legislation was an important way “we can support our critical access hospitals and our communities, who have asked for and support this legislation.” (See Miller’s and Olson’s testimony: [www.wha.org/governmentRelations/pdf/CAHtestimonyOlsenMiller3-3-10.pdf](http://www.wha.org/governmentRelations/pdf/CAHtestimonyOlsenMiller3-3-10.pdf))

Borgerding emphasized WHA’s strong support for the CAH assessment and credited the rural hospitals for developing an alternative to the 10 percent across-the-board Medicaid cut.

“The Rural Healthcare Access Act is being requested and proposed by hospitals to preserve access to health care in Wisconsin’s rural communities,” Borgerding said. “WHA believes it is a special opportunity to actually strengthen the rural health care safety net at a time of unprecedented strain.”

Also testifying or registering in support at the hearings were Wisconsin Manufacturers and Commerce, Wisconsin Primary Healthcare Association, Wisconsin Academy of Family Physicians, and the Wisconsin Nurses Association.

A vote is expected in the Senate committee next week and the bill(s) will also need approval from the Joint Committee on Finance. WHA is hoping the bills will taken up by the full Senate and Assembly in mid-April, the Legislature’s final floor period of the 2009-10 legislative session.

# 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.

#### **Dia de la Mujer Latina**

Under the direction of Dr. Judy Tjoe, Medical Director of Aurora's Comprehensive Breast Care Centers, a team of Aurora physicians completed a record 98 free clinical breast exams at the 2nd Annual Dia de la Mujer Latina event on Saturday, Oct. 4, 2008 at Aurora Walker's Point Community Clinic. As Dr. Tjoe explains:

For underserved minorities who have limited resources for preventive health care, basic clinical breast exams and annual screening mammography are low on their priority lists. Misleading cultural beliefs and language barriers compound the problem.

Yet, with the help of Aurora medical residents and nurses, we provided education, clinical breast exams and access to grant-funded programs offering affordable screening mammography and referrals for care, thus achieving three goals:

- Providing women the opportunity for early breast cancer detection, which translates to improved individual survival;
- Responsibly allocating our community's fiscal resources, since costs associated with screening are far less than the costs associated with treatment of late-stage disease;
- Teaching our next generation of physicians the importance of community service and patient education, the latter necessary to promote improved overall health.

In translation, Dia de la Mujer Latina means "Day of the Latin Woman." To celebrate and support Latinas who are at the center of their families' health and well being, multiple community partners came together to provide a variety of health screenings, health education, food, fun and entertainment for the whole family.

Months of work and planning on the part of a coalition of local providers make Dia de la Mujer Latina possible. In addition to Dr. Tjoe and her team and Aurora Walker's Point Community Clinic, those partners were the American Cancer Society, Wisconsin Well Woman Program Southeast Wisconsin, Wheaton's Su Salud Breast Health Program, and CORE/EI Centro, an Aurora-supported health and wellness center. Also participating in the planning and providing follow-up services were Planned Parenthood, Milwaukee Health Services, Sixteenth Street Community Clinic.

**Aurora St. Luke's Medical Center, Milwaukee**

#### **Maria was anxious and frightened**

The challenging economy in 2009 has resulted in increased unemployment and loss of health insurance throughout many households in the Green Bay area. The Hispanic population in Green Bay was especially hard hit. The Hispanic Health Educator at St. Mary's, Carol Ponce, has provided health care information, support and resources to help this population.

St. Mary's Hospital has been a recipient of The Heritage Grant, which provides funding for preventive screenings for those who do not have health insurance or who are underinsured. In the first month of 2009, the number of people seeking Reproductive Cancer Screenings doubled from the previous year.

One of those patients is Maria, a young mother of two, who came in for a routine pap smear. The results showed abnormal cells and severe dysplasia. Maria did not know what that meant, but she knew paying for further treatment would be a problem as she and her husband were both cut back to part-time in their jobs. Maria was told she needed a biopsy and then a colposcopy. She was upset and anxious as she had no idea what those procedures were or who to go to about making arrangements.

When Carol met with Maria they both found the diagrams and visual aids in the tutorial helped greatly in understanding dysplasia. Next, they reviewed the tutorial for the colposcopy procedure that would be necessary following

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the test; and Carol sensed Maria also needed emotional support. After the tutorial, Carol gave Maria some inspirational readings plus a printed prayer in Spanish and spent time reassuring her. Carol helped Maria arrange an appointment with a physician at Prevea Health. At last, Maria was connected with a physician who could arrange for the test and procedure. Carol spent time teaching Maria to advocate for herself; to ask the doctor the right questions when she had her next visit.

Carol continues to check on Maria and helped her establish a flexible payment arrangement with Prevea as she moved through her treatment. If this program was not in place, Maria might not have even come in for the screening. Because her dysplasia was caught early, she was able to seek treatment that was less severe and therefore less costly for her. Maria also had her mind eased and felt less stressed knowing there was a way to get through it all.

**St. Mary's Hospital Medical Center, Green Bay**

### **Hispanic Health Fair**

Hundreds of people from an East Side Green Bay neighborhood came to learn about their health at the first Atonement Lutheran Church Health Fair where sister hospitals St. Vincent and St. Mary's hospitals sent staffers to tout breast health, Hispanic childbirth education, protection from skin cancer and more. Health fair visitors from a nearby Hispanic neighborhood took home sun screen lotion, information about upcoming childbirth classes and cancer prevention tips.

**St. Vincent Hospital, Green Bay**

### **Aurora and N.E.W. Community Clinic in Brown County**

The mission of the Northeast Wisconsin (N.E.W.) Community Clinic is to provide access to care for the low-income and uninsured population. Through this program, Aurora Physician Yolo Diaz, M.D., provides pediatric care to low-income and uninsured children from Brown County. She works in a converted gym locker room at Nicolet Elementary School in Green Bay and helps children with checkups, asthma, depression and other ailments. She works at the clinic part-time between four and five days per week, totaling about 25 hours per week. From July 2008 to June 2009, Dr. Diaz saw 496 uninsured and low-income students. According to results from post-visit surveys, 100 percent of the patients said Dr. Diaz met their immediate health care need and otherwise would have had to visit an emergency room. About 99 percent of the patients were Hispanic. Dr. Diaz partners with various agencies such as Women Infants and Children program, Brown County Health Department, Head Start and the Greater Green Bay Community Foundation.

**Aurora BayCare Medical Center, Green Bay**

### **A Woman's Place: aerobics class offers much more than exercise**

In the Hispanic culture, family, friends and relationships mean everything. As part of a health and wellness program for the Hispanic community, an aerobics class was begun at A Woman's Place through St. Mary's Hospital. It was soon evident, this offered much more than exercise.

#### **Luisa**

Luisa came to aerobics class at A Woman's Place to get in shape and exercise with other Hispanic women. After class the women talked about their families and what was going on in their lives. Luisa mentioned her husband had been diagnosed with psoriasis that resulted in a rash up and down his arms. She said her husband was afraid to touch their baby and to touch her because he thought it was contagious; in fact he was worried he was going to die from this rash. This was affecting their family life and even though he was receiving treatment, they did not understand about the condition.

Carol Ponce, the Hispanic Health Educator at A Woman's Place spent time with Luisa to educate her about psoriasis using a Spanish language computer tutorial program. She was able to give Luisa printed information which explained how our colder, dry climate in winter and stress can make psoriasis worse. Luisa became the communicator in her family to pass along what she learned to her husband. The couple felt relieved this treatable problem was not contagious and certainly not life threatening. By relieving their worry and stress, he was able to get better sooner and their family harmony was restored as he once again felt he could hold their baby and hug his wife. What began as an exercise class transpired into building a relationship that improved the health of Luisa's family.

#### **Raquel**

One of Raquel's friends coaxed her to attend the exercise class at A Woman's Place. It was hard for her to make the first attempt to come because she was fearful of having a panic attack. After class she started talking to others. She has children ages 7 and 5 and they seldom went outside too, because their mother was afraid all the time. Raquel expressed concern that she was ruining her children's lives because she was afraid to leave the house. Raquel's life was busy with a husband and the demands of raising a family, plus she had recently experienced two deaths in her family. She talked to

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Carol Ponce, the Hispanic Health Educator at A Woman's Place and Carol connected her with a bi-lingual counselor in the community. The counselor determined Raquel was experiencing depression and anxiety related to the recent losses in her life. In addition to seeing a counselor Carol suggested she get connected to other friends and a women's group through her church. The counselor was supportive of this idea because it was also helping her recover.

After a while, Raquel stopped coming to the exercise class at a Woman's Place and her classmates were worried, so Carol called to check up on Raquel and learned she had traveled home to visit family and took her children on the trip too. She flew in an airplane that previously was frightening for her. For Raquel, it felt like a miracle to get her life back and to be connected with others again. If the exercise class had not been available, Raquel might not have gotten help and could have continued into a downward spiral.

### Angela

Angela is 27-years old, married and works in a meat packing plant. Her job requires heavy lifting and as a result she developed severe back pain. She went to a doctor who told her she needed an MRI, but she really could not afford it. Instead, she sought out other types of treatment, which helped a little, but the pain persisted. She was anxious and worried about the pain and how to pay for the care she needed. She heard about Carol Ponce, the Hispanic Health Educator at A Woman's Place and called her. Angela was crying with pain and had been turned away by another health care facility. Carol helped Angela get a physician appointment at the N.E.W. Community Clinic and eventually an MRI, which revealed a herniated disc in her back. Surgery was recommended which terrified Angela. She wasn't sure what to do, so she made an appointment with Carol who provided education about back problems, the herniated disc and helped Angela think of questions to ask the doctor. Carol encouraged her to ask: "Would an exercise program help?" "Were there other things she could to help ease her pain besides surgery?" "What exactly was involved in the surgery?"

The United States health care system is a mystery to those who arrive from another country. Carol helped Angela navigate our system and explained the types of care and professionals that treat patients. Carol guided her through asking good questions at her next doctor visit. After her test, Angela was relieved to learn what was causing her pain and she became a better health care consumer as she discovered treatment options as well as the risks and benefits of each. If this program were not here, she would not have known how to best use the health care system and most importantly she took steps to address her back pain before the problem grew worse.

**St. Mary's Hospital Medical Center, Green Bay**



Read more about hospitals connecting with their communities at [www.WiServePoint.org](http://www.WiServePoint.org).

## Member News: Moundview Signs Extended Service Agreement With Ministry Health Care

Moundview Memorial Hospital & Clinics' Board of Directors have signed a three year "Executive Resource Service Agreement" with Ministry Health Care effective March 1, 2010. The hospital has been under a similar management agreement with Ministry since September 2008.

"We have received valuable consultation from a number of Ministry Health Care executives over the past 1-1/2 years," said Jeremy Normington-Slay, CEO at Moundview. "With their help, we have made significant progress on the hospital's financial recovery plan. The Hospital Board was confident that extending the service agreement under the same terms was in the best interest of our community, patients, medical staff and employees."

In the fall of 2008 Moundview was facing a number of difficult issues including unexpected operating losses, limited cash, high levels of debt, bondholder demands, instability in leadership, and compliance issues with regulatory and bond holder requirements. An audit opinion stated that there was an uncertainty about the hospital's ability to continue without making significant changes.

The Hospital Board decided to seek outside assistance in the hopes of preserving its ability to serve the Adams County area. Following a competitive bidding process, Ministry Health Care was selected to provide one year of management services for the hospital effective September 1, 2008.