

August 12, 2011

Volume 55, Issue 31

Republicans Retain Control of Senate

Democrats pick up two seats in recall elections

Culminating a flurry of unprecedented summer campaigning and shattered spending records on political advertising, elections in the districts of six Republicans facing recall challenges saw four Senators hold on to their seats while two were defeated. With the victories, majority Republicans maintain their control of the Senate.

Coming into this week's elections, Republicans held a 19-14 majority. Democrats needed to successfully recall three Republicans to gain control. The margin in the Senate now sits at 17-16, with two Democratic Senators facing recall challenges next week.

While the recalls were driven by the reaction of legislators to the controversial introduction of proposals affecting state employee unions, debate in the races turned to differences surrounding state budget priorities.

Turnout in the recall elections, driven by massive get-out-the-vote efforts by both Republicans and Democrats, approached that of last fall's governor's race with many polling locations reporting long lines and the need for extra ballots.

The recall campaigns have also become some of the most expensive in state history, with money from outside of Wisconsin flooding into the state to sway voters in what many view as a precursor to the 2012 presidential race.

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U.S. Sen. Ron Johnson Meets with Hospital CEOs on Continuing Debt Talks

Johnson: "You're preaching to the choir."

This week a dozen hospital leaders met with U.S. Senator Ron Johnson at St. Elizabeth Hospital in Appleton to discuss continuing debt talks and how further cuts to providers could negatively impact Wisconsin hospitals.

Hospital leaders relayed to Sen. Johnson that Wisconsin hospitals are already moving forward with innovations and a continual desire for improvement, to which Senator Johnson said, "You're preaching to the choir," adding that provider cuts, as discussed by negotiators, will not address the system's problems. "You have to address entitlements to address health care, and the only way to do so is through the free market system," Johnson said. "Nobody has any skin in the game."



Sen. Johnson, middle, with Dean Gruner, left, President & CEO of ThedaCare and Dan Neufelder, President & CEO of Affinity System.

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ICD-10 Conversion Brings Financial Risk and Opportunity: *Successful implementation requires executive leadership, careful planning*

October 1, 2013 is the day that all health care providers will convert to ICD-10. According to Tyson McDowell, CEO of Benchmark Revenue Management located in San Diego, how well the conversation goes with any given provider is related to the amount of preparation, planning and training that occurs in the time leading up to the conversion date.

“The urgency right now is to develop cross-functional teams to get the right people in the room and start talking openly,” according to McDowell. “Executive sponsorship of these teams is critical to a successful transition to ICD-10. Encourage the team to converse freely and include coders, physicians, finance staff, and then make sure that they are communicating back to their colleagues.”



Tyson McDowell

McDowell spoke separately to two groups that met at WHA headquarters in Madison August 10—the WHA Finance Council and the Wisconsin ICD-10 Partnership. He said the ICD-10 coding system is more complex than the ICD-9 and it could take about 50 percent longer to code a record. For that reason, hospitals should figure that in the months leading up to and following the conversion, they may need more coders and recognize that will most likely extend the usual billing cycle.

Health care providers are not the only organizations that are training staff and converting their coding systems.

Payers are also converting to ICD-10 and their reconfiguration mistakes could lead to many re-bills and delay cash flow if payers are not ready to accept ICD-10 bills October 1, 2013.

“2013 is just the beginning,” McDowell said. “If you get behind, you will stay behind. It is how payers will optimize ICD-10 based models in 2014 and 2015 that will have a long-term impact on providers, not just the conversion complexities.”

Need Help with ICD-10 Conversation? Visit WiCD10.org



A new Website offers hospital executive leadership, physicians and medical coding professionals many resources as they prepare for the conversion to ICD-10. The Website, WiCD10.org, was created by the Wisconsin ICD10 Partnership of which WHA is a founding member.

Debbie Rickelman, senior director of the WHA Information Center, along with several other members of the Partnership, have been reviewing and collecting relevant information from a variety of sources in an effort to create a centralized source of ICD information that hospitals will find helpful.

“Hospitals must be disciplined in their implementation of and planning for ICD-10,” said Rickelman. “The conversion to ICD-10 requires a lot of cross-functional planning, training, and strategy. The Website brings together information from multiple stakeholders in an effort to foster collaboration.”

President's Column

Massachusetts Money Grab – Next Steps

Many of us learned just a few days ago that Massachusetts hospitals, abetted by their Congressional Delegation, successfully engaged in a classic case of “robbing Peter to pay Paul.” In this case, Paul will pocket \$275 million annually due to the politically-orchestrated manipulation of the rural Massachusetts wage index.

The bizarre situation involves an island CAH (in Nantucket), with extremely high labor costs, giving up their CAH status in order to facilitate the rest of the state's hospitals to be classified as “rural” for purposes of the new wage index. Now thanks to Senator John Kerry, who has boasted of authorship of this scheme, it doesn't matter that some advantaged Massachusetts hospitals are located hundreds of miles from Nantucket, or that their actual wages are significantly less than the Nantucket hospital. On average, Massachusetts hospitals will receive an 8 percent plus boost in payments, financed by the rest of us. A description of what happened can be found here:

<http://www.wha.org/MHAtoday7-29-11.pdf> and here:

http://www.boston.com/lifestyle/health/articles/2011/08/05/medicare_gives_massachusetts_hospitals_275_million_lift/

Outrage to this scam has been universal. In fact a coalition of aggrieved states is coming together right now with the express intent of repealing the enabling legislation ASAP.

In the meantime, one of WHA's top priorities must be to prevent the proposed Medicare Outpatient rules from also deploying this same gimmick for payment for outpatient services. Failure to get that accomplished will drive the annual impact on Wisconsin hospitals from about \$7 million per year to over \$10 million annually. And that's from a program that pays Wisconsin PPS hospitals about 80 cents on the dollar of actual costs for caring for the growing Medicare population.

This Massachusetts development, and its fallout, creates a real problem for the American Hospital Association (AHA). First of all, refereeing member food fights is not in the “sweet spot” of any trade association's advocacy activity. But more important, a lot of energy will be consumed by AHA members and state associations who will try to fix this boondoggle at a time when unity is required to tackle the ticking time bomb of a 2 percent across-the-board Medicare provider pay cut that happens at year end unless Congress passes major budget deficit reduction legislation. That means that some very intense dual tasking is in our immediate future.

Here's a sample of how Midwestern hospitals fare under the Massachusetts scam. The dollar amounts are annual payment reductions from inpatient payments only:

	Difference (in millions)
Illinois	-\$26.3
Michigan	-\$21.4
Indiana	-\$11.1
Missouri	-\$10.5
Wisconsin	-\$6.4
Kansas	-\$3.5
Iowa	-\$3.0
Nebraska	-\$2.4

Steve Brenton
President

Engage Your Medical Staff in ICD-10 Planning: WHA Webinar

The transition to ICD-10 is a wide-reaching regulation that impacts financial and clinical systems and operations throughout health care, payer and vendor operations. Physician preparedness is a key component to a successful ICD-10 implementation for hospitals and clinics.

On September 29, WHA is offering a complimentary Member Forum webinar, through the Wisconsin ICD-10 Partnership (WICD-10), to provide an overview for physician leaders and other members of a hospital's ICD-10 implementation team of ways to work together to engage their medical staff in a timely, manageable ICD-10 implementation.

During this session, participants will learn how the ICD-10 regulation affects physicians in both hospitals and clinic practices. Specific examples of how physician documentation impacts ICD-10 coding accuracy, and in turn, the revenue cycle, will be shared. Also, tools for physician leaders to use in supporting their medical staff with the ICD-10 transition will be identified and shared.

All hospital and clinic physician leaders, coding supervisors and managers, and clinical documentation specialists are encouraged to attend this event, especially as a team, if possible. Any other members of your ICD-10 implementation team are also welcome to participate. This Member Forum is offered at no cost to WHA hospital members; however, pre-registration is required and available at <http://events.SignUp4.com/EngagingICD10>.

Worker's Compensation Advisory Council Negotiations Continue ***Provider payment remains on the table***

As the State of Wisconsin prepares to celebrate the 100th anniversary of Worker's Compensation in the state, the Workers Compensation Advisory Council ("WCAC") this week continued its task of negotiating this legislative session's "agreed to" bill. As previously outlined in the Valued Voice, the WCAC voting members include five representatives of "labor" and five representatives of "management." Worker's Compensation insurer representatives are nonvoting members but sit at the WCAC table. Four health care provider organizations are nonvoting "liaisons" to the WCAC: WHA, the Wisconsin Medical Society, the Wisconsin Chiropractic Association, and the Wisconsin Physical Therapy Association. After the WCAC unanimously approves an "agreed to" bill, the Wisconsin legislature traditionally passes the bill without amendment.

The representatives of management are proposing a mix of price setting and rate cuts for health care services and medical devices provided to injured workers. Their proposals also would allow an employer to direct an injured worker's care to the providers of the employer's choice for the first 90 days of care. Labor continues to focus on increasing disability payments for injured workers. Copies of the management and labor proposals are available here at the Department of Workforce Development's website: <http://dwd.wisconsin.gov/wc/councils/wcac/default.htm>

For this week's meeting, the WHA and other health care provider liaisons wrote a letter to the WCAC emphasizing the need for a consensus process that includes all parties and fully considers the effect proposed changes could have on the system. A copy of the liaisons' letter is available on the WHA website at www.wha.org/WorkersCompLiaisonLetter8-3-11.pdf.

The WCAC intends to complete its negotiations on this session's bill at its next meeting, which is September 12 in Madison. After the WCAC completes its work, the Council's "agreed to" bill will move to the legislature for committee and floor votes and finally for consideration by the Governor. Watch the Valued Voice for more information on the WCAC negotiations and subsequent legislative activity.

WHA Annual Conference Explores “Tomorrow’s Health Care” September 14-16 at the Grand Geneva Resort



Health care leaders work in the present, but one eye must always be trained on the future. Change comes rapidly in health care today and brings with it a multitude of challenges.

Wisconsin hospitals known for being at the leading edge of innovation and this year, the WHA Annual Conference will focus on learning about strategies that will keep Wisconsin ahead. Education sessions will include the following topics:

- Physician workforce: Identified as the number one concern for WHA member hospitals, a discussion on the current and future physician workforce issues will be led by WHA staff, members and noted experts.
- Meeting patient, employee and community health needs: What Wisconsin hospitals are doing to address population health issues in their communities.
- The patient and family experience of care during the last months of life.

Perhaps most valuable to attendees, the Annual Conference is an opportunity to share conversation and ideas with colleagues from around the state.

Health care executives are encouraged to bring members of their board of trustees, nurse executives and physician leaders, and other members of the senior management team to gather in Lake Geneva to join the discussion.

Make plans now to attend WHA's 2011 Annual Convention September 14-16 at the Grand Geneva Resort in Lake Geneva. Hotel reservations must be made by August 24. The full conference brochure and on-line registration are now available at <http://events.SignUp4.com/Annual2011>.

Society to Host Advance Care Planning Proposal Luncheons

The Wisconsin Medical Society is inviting chief executive officers (CEOs) and chief medical officers from hospital systems to discuss a major project to build system change, advocacy and education around advance care planning. Luncheons are scheduled in Mequon and Madison to discuss the Society's proposal.

Modeled after Honoring Choices Minnesota, the project will build clinical pilot projects based on Respecting Choices (La Crosse) concepts, methodologies, training systems and materials, combined with outreach in communities across the state. The project's mission is to promote the benefits and implement processes and methods of advance care planning in the community at large.

Bud Hammes, PhD, medical ethicist and director of the Humanities Department at Gundersen Lutheran Medical Foundation, and Sue Schettle, CEO of the Twin Cities Medical Society and director of Honoring Choices Minnesota, will share their expertise on this important topic. Curt Gielow, dean of Concordia University's School of Pharmacy, will facilitate the meeting. The first gathering, with a focus on the seven-county Milwaukee metropolitan area, will take place Thursday, September 29 from 10 a.m. to 1 p.m. at Concordia University, Mequon. On October 10, a similar meeting in Madison (10 a.m. to 1 p.m., Sheraton Madison Hotel) will take a statewide approach.

The Society hopes to build formal commitment, participation and funding for this project beginning fall 2011, with development of pilot projects and outreach in 2012. For more information, call 608-442-3766 or e-mail John Maycroft, policy analyst for the Wisconsin Medical Society.

Register Today for Free Patient Experience Summit in La Crosse

Registrations are now being accepted for the Patient Experience Summit on Friday, September 30, in La Crosse. The Wisconsin Medical Society (Society), Wisconsin Collaborative for Healthcare Quality (WCHQ) and Wisconsin Hospital Association (WHA) are organizing the day-long event through a Robert Wood Johnson Foundation Aligning Forces for Quality grant.

WHA, Society, and WCHQ members may attend the Summit at no cost; however, registration is required and space is limited. The Summit will feature best practices, resources and programs that enhance the patient, family and care team experience while also improving clinical outcomes.

James Merlino, MD, FACS, chief experience officer for Cleveland Clinic, will provide the opening keynote address. The Summit also will feature presentations from several Wisconsin-based organizations, including Aurora Medical Group, Grant Regional Health Center, Gundersen Lutheran Health System, Meriter Health Services and Prevea Health.

The Patient Experience Summit Planning Committee members include: Angie Bloyer, Betsy Clough, Eric Dordel, Ellen Gianoli, Gale Kreibich, Tom Schlesinger and Julie Schroeder.

Additional information, including the preliminary agenda, event registration form, hotel information and carpooling options, is available on the WCHQ website: http://wchq.site-ym.com/event/patient_experience. Updates on the speakers, presentation titles and closing keynote address will be posted there as more information is available.

Direct questions to Jennifer Frank of WHA at jfrank@wha.org or 608-274-1820; Susan Wiegmann, director of quality initiatives for the Society at 866-442-3800; or Cindy Schlough, director of strategic partnerships, for the WCHQ at 608-826-6839.

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Affinity System President & CEO Dan Neufelder added, "I think you are on target that each individual has to have some responsibility for their decisions, but the challenge is that 60 percent of our patients are Medicaid and Medicare and, therefore, don't have a financial incentive to do so."

Sen. Johnson continued to relay his "strong bias toward free market health care" and the three items he believes result from any free market approach: lowest possible costs; high levels of quality; and highest levels of customer satisfaction. Johnson adamantly told the hospital leaders that recent enactment of health care reform is the antithesis to this approach and that its repeal was absolutely necessary.

Hospital leaders reiterated concerns to Sen. Johnson over continued threats from DC to provider reimbursements and how those will result in real ramifications to hospitals and their communities.



Left to right: Jeff Badger, CFO, Affinity Sytem, and Travis Andersen, President, St. Elizabeth Hospital.

"To try to plan strategically around everything going on right now is chaotic," said Bellin Health Chief Financial Officer Jim Dietsche, referencing the changes coming from federal regulations, implementation of various health care reform policies and potential changes from debt negotiations. Affinity Health CFO Jeff Badger added that they, like many others, are already looking at everything within their system to address reduced reimbursements.

Dean Gruner, President & CEO of ThedaCare, expressed to Senator Johnson how systemic reform should include three items: hospitals and health care as part of the solution through increased transparency etc; transformation of health care from within; and transformation of the payment system. Attendees provided Sen. Johnson with insight into how Wisconsin hospitals are leaders in this regard, providing details on their "value" driven approach (high quality, cost-efficient care) and efforts like the multi-state, multi-provider Healthcare Quality Coalition among many other delivery system, quality and payment reform initiatives.

Overall, Sen. Johnson reiterated his strong support for the U.S. health care system, how the free market will be the best solution to current problems and how health care reform as enacted is anathema and must be repealed.

"What industry is better to grow than the health care industry? It's only a problem right now because government is taking control of it," Johnson closed.



This is the fourth in a series of hospital CEO meetings with Members of Congress coordinated by WHA during debt ceiling/deficit reduction talks. To date, hospital leaders from across the state have met with Senator Ron Johnson and Representatives Sean Duffy, Ron Kind and Tom Petri. Additional meetings are scheduled.

Continued from page 1 . . . Republicans Retain Control of Senate

With two more elections to go next week, estimates are that over \$35 million has already been spent. This is reportedly approaching the \$37.4 million spent in last year's governor's race and significantly more than the \$19.3 million spent in the 115 legislative races in 2011.

Here's a breakdown of this week's results and the unofficial margins:

District 2 – Senator Robert Cowles (R-Green Bay) – Senator Cowles defeated former Brown County Executive Nancy Nusbaum (D) by a 60% to 40% margin.

District 8 – Senator Alberta Darling (R-River Hills) – Senator Darling defeated current State Representative Sandy Pasch (D-Whitefish Bay) by a 54% to 46% margin.

District 10 – Senator Sheila Harsdorf (R-River Falls) – Senator Harsdorf defeated River Falls teacher Shelly Moore (D) by a 58% to 42% margin.

District 14 – Senator Luther Olsen (R-Ripon) – Senator Olsen defeated current State Representative Fred Clark (D-Baraboo) by a 52% to 48% margin. Earlier this year, Senator Olsen was named WHA's Health Care Advocate of the Year (see article from April 29, 2011 Valued Voice www.wha.org/pubarchive/friday_packet/vv4-29-11.htm#6).

District 18 – Senator Randy Hopper (R-Fond du Lac) – Senator Hopper was defeated by Oshkosh City Councilwoman Jessica King (D) by a 51% to 49% margin.

District 32 – Senator Dan Kapanke (R-La Crosse) – Senator Kapanke was defeated by current State Representative Jennifer Shilling (D-La Crosse) by a 55% to 45% margin.

Next week's recall elections are in two districts currently held by Democrats:

District 12 – Senator Jim Holperin (D-Conover) – Senator Holperin will face Republican challenger and small business owner Kim Simac from Eagle River.

District 22 – Senator Bob Wirch (D-Pleasant Prairie) – Senator Wirch will face Republican challenger Jonathan Steitz, an attorney from Pleasant Prairie.

A prior recall election in the 30th Senate District saw Senator Dave Hansen (D-Green Bay) retain his seat by defeating recall organizer and Republican challenger David VanderLeest in a race that did not require a primary.

Care, Comfort and Hope

Wisconsin Hospitals Community Benefits

Acute, Chronic and Communicable Disease Prevention and Control

Hospitals are well aware of the critical role they have in protecting public health. Whether it is working with public health agencies to develop protocols and responses to pandemic flu outbreaks, teaching children proper hand-washing techniques or educating people about how to live with chronic conditions, Wisconsin hospitals partner with key stakeholders to improve the health status of their communities.

Bellin Health Flu Crew broadens its scope

The Bellin Health Flu Crew, formed in 2004, traditionally focused its efforts solely on influenza education and prevention. Recently, the group determined that wasn't enough.

The Flu Crew broadened its scope to promote vaccination against all preventable illnesses within the Northeast Wisconsin/Upper Peninsula populace.

The new effort is an offshoot of the larger Healthy People 2020 campaign. That national campaign provides science-based, 10-year national objectives for improving the health of all Americans.

"Recent infectious disease outbreaks like the 2010 H1N1 influenza outbreak and this year's Pertussis outbreak clearly illustrate the need to include more than just influenza prevention in our efforts," said Ellen Roy, an infection preventionist and a member of the team. "Promoting immunizations is one of the most important health-promoting efforts we'll undertake as health care providers."

While working on its charter, the group sought ideas from Bellin employees across the health system for a new name, better suited for its expanded immunization/vaccination scope.

The winning entry – selected from a pool of nearly 200 suggestions – was the Bellin Immunization Initiative Council. The group formally adopted the new moniker in early June.

"The name better represents our expanded focus and will help align our actions with Bellin Health's vision – that the people in our region will be the healthiest in the nation – as we continue to promote immunizations against preventable diseases," Roy said.

Bellin Health, Green Bay

Bringing diabetes education to the Fox Valley

Appleton Medical Center and Theda Clark Medical Center in Neenah have teamed up with local health organizations and non-profits to bring diabetes education to the Fox Valley.

Since 2010, the Fox Valley Diabetes Education and Support Group has met monthly, offering support to people with Type 1 and Type 2 diabetes. "The goal of the support group is to provide accurate information that people with diabetes can use to manage their diabetes and also to provide support," said Lois Kuehl, ThedaCare diabetes nurse educator.

The group meets the second Thursday of the month at the Fox Valley Technical College in Room. The evening includes educational topics and socialization.

"We hope and do feel that the participants are taking home accurate information from the programs and that they are enjoying the support and camaraderie at the groups," Kuehl said.

Many factors played into the need for the support group, she said. There was a need to reach low income people since a grant from the Community Foundation had not been renewed.

"It had provided assistance to low income people to attend diabetes education sessions," Kuehl said. "Because of this, some people were not receiving education about diabetes because they could not pay for the visit or the co-pays and deductibles associated with the visits."

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Wisconsin Hospitals Community Benefits (continued)

Also, because of increasing co-pays and deductibles for diabetes education, people were choosing not to receive the education recommended by their primary care providers, even if they were not considered low income.

Kuehl said those who attended diabetes education services “were asking for a support group.”

“We realize that having a support system can help people be more successful with managing their diabetes,” she added.

With many local groups working together, it is easier to reach out to those in need, said Lori Hartz, manager of diabetes education.

“Not only has it made offering a support group possible, it has brought together the diabetes experts on our community to help our patients and families together,” she said.

ThedaCare, Appleton

Shoo the flu & pneumonia too!

Flu is a contagious disease that results in illness, lost work-time and absences from school, hospitalizations and even death for some vulnerable persons with other medical conditions. In the U.S., more than 36,000 deaths and 200,000 hospitalizations are caused by the flu each year. It is recommended that everyone six months of age and older get vaccinated against the flu every year.

To make flu shots accessible to anyone in the community, the Aurora Visiting Nurse Association of Wisconsin (Aurora VNA) annually undertakes a program called, “Shoo the Flu & Pneumonia Too!” Each year during the fall season, Aurora VNA hosts hundreds of clinics in community venues that ensure convenient access for all ages. The sites range from public clinics, malls, senior centers, universities, grocery stores and Aurora Health Care facilities. For most people, access to these clinics reduces both the time and expense of a physician office visit to be vaccinated.

In 2010, Aurora VNA provided over 46,000 flu shots at 932 clinics throughout eastern Wisconsin. Each “Shoo the Flu & Pneumonia Too!” clinic offers vaccinations to people age nine and older (children age 9 through 17 years must be accompanied by a parent). During the 2010 Shoo the Flu campaign, 245 flu shots were provided free of charge to individuals who reported they could not afford a flu shot and did not have insurance coverage. For those with Medicare Part B and Medicaid, the cost of flu and pneumonia vaccinations was covered. For people who were not on Medicare or Medicaid, but had the ability to pay, the charge was \$30 for a flu shot and \$55 for a pneumonia shot.

Lisa Taylor, RN, clinical coordinator for Aurora VNA noted, “A flu shot is the most effective way for people to protect themselves from influenza and its potentially dangerous complications.”

Aurora Health Care, Milwaukee

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.