Rep. Meyer Tells Constituents State Must Control Spending, Taxes

State Rep. Dan Meyer (R-Eagle River) shared his perspectives on the just-finalized state budget and Wisconsin’s taxing and spending habits with members of the WHA North Central Region on July 28 in Minocqua.

Even with a $205 million positive balance created in large part by Governor Doyle’s line item vetoes (see July 25 Valued Voice article), Meyer expects the legislature to consider a budget repair bill once new revenue estimates are released later this year or early in 2004. As a member of the budget-writing Joint Committee on Finance, Meyer said his goal will be to hold the line on taxes and spending, just as it was during this summer’s budget debate.

“Wisconsin’s tax policies have reached a crossroads,” he said. “Our $3.2 billion deficit didn’t happen because we don’t tax enough; it happened because we spend too much.” (Continued on page 8)
Gielow, Harsdorf Bills Would Establish Cooperative Purchasing Alliances

Promotes Competition, Encourages Active Consumer Participation

State Sen. Sheila Harsdorf (R-River Falls) and State Rep. Curt Gielow (R-Mequon) introduced Assembly Bill 447 on July 25 establishing up to five cooperative health care purchasing alliances in Wisconsin. An identical companion bill, Senate Bill 204, was introduced in June. The bills allow businesses, farmers, municipalities, associations, labor unions and self-employed individuals to form and participate in the cooperatives. According to Harsdorf, the legislation encourages the creation of these community-based demonstration projects as a tool for increasing access to quality, affordable health care.

“This is a unique collaboration to provide health care coverage that has potential to lower costs and expand services,” said Harsdorf. “It provides another choice for those struggling to find affordable health care.”

Gielow said AB 447 and SB 204 accomplish this by increasing buying power and reducing existing health care costs.

“This proposal will enhance market competition, build economies of scale, and encourage informed consumer choice,” he explained. “Any time you let small businesses buy insurance as part of a larger group, they save money.”

Gielow added cooperatives would have incentives to reduce and control costs by educating participants about costs of health care decisions, including prevention. The bills require cooperatives to be designed in a manner that ensures members become better informed about health care trends and cost increases, and also actively participate in the design of health care benefit options and in health improvement decisions for their community.

According to Harsdorf, the bills also set rules designed to ensure success such as requiring a minimum number of participants for each purchasing group and establishing a three-year minimum enrollment to prevent the possibility of adverse selection. The legislation also requires the pooling of all members’ health insurance risks.

Under the bills, the Commissioner of Insurance must designate five geographic areas in which a cooperative can be formed. Each cooperative would have flexibility in tailoring benefit packages to the needs of the region, and use existing defined networks plans. However, the bills also permit cooperatives to offer a point-of-service option for members at a higher cost.

Committee hearings have not been scheduled on either bill. For more information about this legislation, contact Jodi Jensen at 608-274-1820 or jjensen@wha.org.

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The Rise of Consumerism in Health Care

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The Valued Voice -- Page 2 -- 8/1/2003
President’s Column

In July 2002, the WHA Board Planning Session focused on the question, “We know what we oppose...what do we stand for?”

In answering that question, the Board agreed on three key health care reform principles. Specifically, WHA should focus on promoting an agenda that:

1) enables consumerism;
2) improves coverage and access; and
3) promotes community accountability.

Among the several initiatives that directly came out of the 2002 Planning Session, WHA’s new quality initiative, focusing on evidence-based measurements with expected hospital-specific reporting in 2004, is probably the most significant.

Meeting just two weeks ago in Lake Geneva, the WHA Board’s 2003 Planning Session focused on the theme of “Aligning Member Priorities with WHA’s Strategic Plan.” Board members focused on specific membership survey results that point to new “opportunities” for Association programming.

At its next meeting in October, the WHA Board will review and approve as many as 15 new Association initiatives designed to address identified opportunities. Many of these initiatives are actually not new but enhancements of ongoing WHA activity. Here are a handful of expected WHA outcomes directly resulting from the recent planning session:

✓ WHA must gain significant member participation in the quality initiative project.
✓ WHA must successfully implement new responsibilities associated with hospital claims privatization.
✓ WHA staff must gain a significant increase in member participation in DataBank in order to enhance the use of this information for advocacy and for individual hospital benchmarking.
✓ WHA should create a new Council on Workforce Development.
✓ WHA should position the 2002 Department of Workforce Development (DWD) Healthcare Workforce Task Force report as a template for the state’s health care workforce agenda.
✓ WHA’s #1 health care workforce priority should be targeted to enhancing supply through building new and expanding existing infrastructure.
✓ WHA should be a national leader on Medicare payment issues concentrating on the themes of equity, adequacy and rewarding value.
✓ WHA should continue to take a coalition focus in advancing its advocacy agenda, especially as it relates to anticipated Wisconsin-based health care reform initiatives.

These specific activities, many of which build upon and/or implement ongoing member priorities, will be the focus of staff and member attention over the next several months. Additionally, the current WHA strategic plan (which has not been universally shared with members since 2000) will be amended, reformatted and distributed to gain member buy-in and assure staff accountability.

Steve Brenton
President
University of Wisconsin Hospital and Clinics was nationally recognized for its leadership and innovation in quality, safety and commitment to patient care. The American Hospital Association honored four organizations with their Quest for Quality Prize: Abington Memorial Hospital in Abington, Pennsylvania; University of Wisconsin Hospital and Clinics in Madison, Wisconsin; William Beaumont Hospital in Royal Oak, Michigan; and Olympic Medical Center in Port Angeles, Washington.

The Quest for Quality Prize is supported by grants from the McKesson Foundation and McKesson Corporation. The prize was created to highlight innovative patient safety efforts by leading organizations. Award criteria include organizational patient safety efforts related to patient and family involvement, patient and family communication, leadership, strategic planning, information and analysis, human resources and process management.

“Each hospital recognized today has taken a slightly different path to achieving a culture of safety,” said Dick Davidson, AHA’s president. “But each has successfully created a new culture – one based on trust, understanding and openness. That culture goes a long way to improving the care patients receive.”

“We’re pleased to be recognized as a national leader in this area,” says Donna Sollenberger, CEO of UW Hospital and Clinics. “It’s an affirmation of our institution-wide recognition that patient safety is our top priority. Everything begins and ends with that.”

At least four recent major patient-safety initiatives helped to distinguish UW Hospital and Clinics from other centers and impress the judging panel:

- In 2001, UW Hospital and Clinics was one of the first hospitals in the U.S. to implement AcuScan, a barcode scanning system used at the patient’s bedside that has reduced medication administration errors by 87%.

- As part of a hospital-wide effort to reduce and prevent patient injuries from falls, all patient beds are equipped with exit alarms to alert nursing staff. The alarms are part of a falls prevention program that includes staff education and improved risk assessment.

- UW Hospital and Clinics established a voluntary, anonymous and non-punitive system for reporting errors or potential errors in care delivery. In 2002, the system added an Internet-based software tool called Patient Safety Net, resulting in a substantial increase in both the number and quality of reports. The information is used to improve safety and risk-management practices.

- Intensivists, physicians specially trained to care for critically ill patients in intensive care units, are available around the clock, seven days a week, with a half-hour overlap between shifts to facilitate staff communication.
CMS to Lower Outlier Threshold and Revisit Rehabilitation “75%” Rule

As a result of advocacy by WHA, the American Hospital Association (AHA), many other state associations, and members of Congress—the Centers for Medicare and Medicaid Services (CMS) agreed to reduce the Medicare Inpatient Prospective Payment System (PPS) outlier threshold from its proposed level of over $50,000 to $31,000 for federal fiscal year (FFY) 2004. This threshold triggers Medicare payment to partially compensate hospitals for treating patients who are costlier than the average patient, helping to protect access to care for the highest cost Medicare beneficiaries.

CMS recently determined that Medicare had been overpaying some hospitals and raised the threshold at which a patient’s care would qualify for partial outlier payments from $21,025 to $33,560 for FFY 2003. CMS proposed another increase to $50,645 in its proposed inpatient PPS rule for FFY 2004, which would result in significant losses for Wisconsin’s hospitals. Since CMS has already made other changes to the outlier system to prevent hospitals from receiving excessive outlier payments, a dramatic increase in the threshold is not warranted.

The FFY 2004 final rule for the Medicare Inpatient PPS was published in the August 1 Federal Register. In addition to the outlier changes, it provides a full 3.4% marketbasket update. There are no 2004 hospital payment cuts scheduled by current law. However, the level of the inpatient marketbasket update for FFY 2004 is currently being debated in Congress and could be reduced by the Medicare reform bill being finalized by a House-Senate conference committee. The House has approved 0.4% reduction in the marketbasket for each of the next three years. WHA is advocating for the Senate provision in conference, which did not include any marketbasket reductions.

The final rule expands the post-acute care transfer policy from the current ten Diagnosis Related Groups (DRGs) to 29 DRGs. WHA and AHA strongly oppose the expansion of the transfer policy, which penalizes hospitals that are ensuring patients receive the right care at the right time in the right setting. This policy violates the basic principle that prospective payment is built on a system of averages—cases with long lengths of stay are “underpaid” while cases with short lengths of stay are “overpaid.” This proposal would reduce hospital payments for patients transferred to a post-acute care setting after a short length of stay, penalizing hospitals that seek to efficiently move patients into the most appropriate setting. Short stay transfers would be paid at a per diem or per day rate that is likely less than, and cannot exceed, the full DRG amount.

IRF PPS
The Inpatient Rehabilitation Facility PPS final rule was also published in the August 1 Federal Register. It contains a 3.2% marketbasket update for Medicare rehabilitation but does not address the qualifying criteria for rehabilitation facilities, known as the “75% rule.” However, in response to the protests of WHA, AHA, the rehabilitation community and members of Congress, CMS has agreed to revisit enforcement of the outdated 75% rule. CMS is expected to propose a separate rule that would modify the requirements for qualifying for rehabilitation facility status in the near future.

SNF PPS
The Skilled Nursing Facility (SNF) PPS final rule is scheduled for publication in the August 4 Federal Register. It will provide a 3.0% marketbasket update. In addition, SNFs will receive a payment increase of 3.26% in FFY 2004 to adjust for forecast errors pertaining to CMS’ marketbasket estimations for FFY 2000, 2001, and 2002.

WHA will be sending out more detailed information on the final prospective payment rules in the near future. For a copy of the rules, see the finance and data section of the WHA Web site at http://www.wha.org/financeAndData/.
Bioterrorism Preparedness Tabletop Exercises Scheduled this Fall

This fall the seven regional hospital bioterrorism teams in Wisconsin, in collaboration with the Wisconsin Emergency Management and Public Health Regional Consortia, will host the First Annual State of Wisconsin Bioterrorism Preparedness Tabletop Exercise. Wisconsin Emergency Management will facilitate these regional, collaborative exercises, which will provide an excellent opportunity for WHA member hospitals to participate, learn and observe how these partnerships are working. The objectives of the exercise are to gauge the overall effectiveness the regional partnerships have in activating the State Plan, as well as in effectively implementing inter-organizational communications.

The dates and times for the tabletop exercises follows:

Region 1:  September 30, Turtleback Conference Center, Rice Lake
Region 2:  October 23, Westwood Center, Wausau
Region 3:  October 22, Comfort Suites, Green Bay
Region 4:  September 26, La Crosse Center, North Hall, La Crosse
Region 5:  November 7, Alliant Energy Center, Madison
Region 6:  October 14, Sunnyview Expo Center, Oshkosh
Region 7:  November 6, Washington County Fairgrounds, West Bend

An information sheet is included in this week’s packet, including a registration form. There is no fee. The information is posted at www.wha.org, disaster preparedness.

HIPAA Mandated 837 Electronic Claims Submission Transaction Takes Effect October 17-- Information in WHA Packet and Online

Included in this week’s packet and on the HIPAAACOW Web site is information regarding the HIPAA mandated 837 Electronic Claims Submission Transaction, which takes effect October 17, 2003. This information includes a HIPAA alert, fact sheet, and questionnaire. Please review the HIPAA information and fill out the HIPAA questionnaire by August 15. The questionnaire may be filled out online at www.hipaaccow.org. Also, refer to the HIPAAACOW Web site and answer the ten question, “Are You Ready” assessment.

Report Shows Trends, Challenges Affecting Hospitals in 2003

A new report prepared by the Lewin Group for AHA on the trends affecting hospitals and health systems in 2003 shows a resurgence in national spending for health services and supplies, the number of uninsured and health insurance premiums. At the same time it shows hospitals challenged by declining financial performance, a shortage of nurses, rising labor costs and growing demand for health care services. According to the report, national spending on health services rose 8.7% in 2001, the largest increase in a decade. While spending for hospital care grew 8.3%, the percentage of expenditures devoted to hospital care held steady at about 32.9%. The percentage of uninsured Americans increased to 14.6% or 41.2 million people in 2001, reversing a two-year decline. Private health insurance premiums continued to see double-digit increases in 2002, rising 12.7%. The TrendWatch Chartbook 2003 report can be found at: www.hospitalconnect.com/ahapolicyforum/trendwatch/chartbook2003.html.

(story credit: AHA News Now, July 30, 2003)

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JCAHO Increases Data Collection Requirements for 2004

Last month the Board of Commissioners of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) approved a new requirement to collect and use data for an additional set of core performance measures, increasing the number of core measure sets collected from two to three beginning in January 2004. Currently, hospitals choose from core measure sets relating to acute myocardial infarction, heart failure, community acquired pneumonia, and pregnancy and related conditions. JCAHO is also developing measure sets for surgical infection prevention, ICU care, pain management and inpatient pediatric asthma. These measure sets are expected to become available over the next 24 months.

“By focusing measurement efforts on the most common inpatient conditions, hospital data-driven improvement efforts will have the broadest possible impacts,” said Dennis O’Leary, M.D., president, JCAHO. “These are also clinical conditions that are of great interest to a variety of regulatory, purchaser and consumer groups.”

The new requirements also provide alternatives for hospitals to whom the current core measure sets do not apply. For these hospitals, the increased requirement options include the following:

• Hospitals currently reporting data on one core measure set and three non-core measures will report data on one core measure set and six non-core measures.
• Hospitals currently reporting data on six non-core measures will report data on nine non-core measures.
• Hospitals currently reporting data on two core measure sets, but unable to identify a third core measure set, will report data on two core measure sets and three non-core measures.

For more information about the JCAHO ORYX and core measure requirements, go to www.jcaho.org or contact Dana Richardson, drichardson@wha.org or at 608-274-1820.

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Guest Column

By: Jonathan Braddock, Senior Vice President
WHA Financial Solutions, Inc.

Your help is needed to provide affordable medical malpractice!

One of the primary and most pressing objectives of WHA Financial Solutions, Inc., is to provide a stable and affordable medical malpractice market for Wisconsin hospitals. To that end, we and our partners at Fitzgerald Clayton James & Kasten (FCJK), have been working with a number of insurance companies and alternative risk transfer vehicles to develop a program for WHA members.

We have reached the stage wherein we must compile additional information to begin assessing the feasibility of these various options. We are asking that all interested parties forward to FCJK a copy of your most recently valued loss run for hospital professional, general liability and automobile liability. This information will be kept confidential and used solely for the purpose of exploring alternative solutions for Wisconsin hospitals. Providing this information in no way obligates you to participate in any program that is ultimately developed.

Please forward the information directly to Carla Borda at FCJK, 10335 N. Port Washington Road, Mequon, WI 53092 by August 20, 2003. Contact Carla at 262-478-3310 or cborda@fcjk.com with any questions.
Meyer said with Wisconsin residents already paying over 33% of their income in taxes, government must cut expenditures to match revenues and focus on growing the economy.

“We can’t tax our way out of this,” he said. “If we try to, people will keep leaving the state as they are taxed out of their businesses and homes.”

Meyer said the Governor’s veto of the three-year property tax freeze for local governments, schools and technical colleges was misguided, and the legislature will attempt to override it. Meyer said exceptions to the freeze, including a 2.6% annual increase in technical college district levies, made the freeze fair and workable.

“Given the situation Wisconsin is facing, it’s not out of line to ask local governments to take a step back and to back off on raising taxes until the economy comes around,” he explained.

Meyer said the legislature recognized the need for flexibility within the Wisconsin Technical College System (WTCS) and believed the role of WTCS in addressing the health care workforce shortage called for approval of the new $9.8 million Health Care Training Grant Program (see July 25 Valued Voice article).

WHA President Steve Brenton thanked Meyer for approving the funding and praised WTCS for its responsiveness to the demand for new health care workers and its willingness to partner with hospitals to train students.

“Most of our hospitals have job openings in well-paying, family-sustaining health careers, and WTCS has done an outstanding job expanding capacity to get people into those jobs - often in partnership with our members,” Brenton said.

“The ability of the state to support the technical colleges as they step up to the plate during these tough economic times, directly helps us and the patients we care for,” added Dave Grundstrom, chief administrative officer, Flambeau Hospital, Park Falls.

Meyer prefaced comments about the need to control health care costs by saying he doesn’t believe Wisconsin residents expect health care to be inexpensive, but they do expect it to be affordable. He recognized the pressures increasing costs are putting on the state’s Medicaid budget and Medicaid providers, pointing to an aging population in need of more medical services and rising prescription drug prices. He said one of the keys to stabilizing health care costs is encouraging responsible utilization by requiring co-pays for health care visits.

“Asking employees to pay a portion of the monthly premium won’t change their behavior, because their costs stay the same regardless of how often they utilize services,” he said. “If people don’t know the cost – if someone else is paying for it – they won’t worry about.”

Meyer was first elected to the State Assembly in 2000. An army veteran, he has also served as the mayor of Eagle River and the executive director of its Chamber of Commerce.
Continued from page 1: Sen. Ted Kanavas Interview

Currently consumers use health care like people use an open bar at a wedding. They select the best, use half of it, and throw the rest away. We should not be asking for body scans for aches and pains. We have to give consumers incentives to chose wisely as they go through the process. Our consumers have high expectations for quality, and our providers have for the most part met their demand for quality. The price for receiving high quality care has gone beyond just the cost of providing the service, and now cost is being driven in large part by litigation and being all things to all people all the time at all facilities. If you look forward, consumers will use information to make decisions on where to go and what procedure makes the most sense for them in consultation with their physician, instead of showing up at the door to have a battery of tests run. We cannot afford to do all things for all people all the time.

If hospitals are going to be truly integral to our success in reducing the cost of health care and improving quality, they must share information with consumers in a meaningful way so people can compete in a market-based setting.

2. Hospitals are burdened with a myriad of regulations ranging from construction plan review to HIPAA. What can government do to lessen this paperwork burden and how do you think that would affect cost and innovation in health care?

If we reduce regulation, the cost of health care will go down. As a perfect example, the federal government mandates that in order to preserve confidentiality, a desk should be so high; at the same time to provide access to the disabled, it must be so low. That is the thinking that government brings to regulation in all industries, but it is especially prevalent in the health care industry. We must be cognizant of cost and keep an eye on what is happening to consumers. If they have to decide between health care and keeping their job, we (the legislature) haven’t done our job. The legislature needs to create an environment where we promote job growth. That is what we are working on this summer—a series of packages that will promote economic development so employees won’t have to make a decision between staying in a job that does not offer health insurance or leaving for a job that does. We don’t want people and companies facing this decision. We need to create a health care system to reduce cost and continue to provide high quality care.

3. You bring a wealth of private sector experience to your role of Senator. How do you apply that experience to government and how does your experience affect your view of health care?

I have been a consumer of health care, I have been a purchaser, and I have evaluated health care for the public sector. I bring to that evaluation basically the recognition that there are a myriad of options out there today for consumers in terms of plans. My view has changed over time from using pure group insurance, to a belief that the best way to provide insurance is through cafeteria plans, and using a group plan only for catastrophic care. If we give individuals flexibility to add or subtract things from their plans, we will begin to reduce the cost. I think we have to have more flexible rules to provide customized plans for individuals in these groups so they can get the care they need instead of balancing the risk pool for care they don’t need. This will concentrate the emphasis on the consumer instead of assuming “one size fits all” attitude. We need to be aggressive in getting there.

As you look at it, adopting some of the medical savings account reforms are something we need to do. The move we just made to make information available to individuals through WHA, as well as getting to a place where the data is available in real time is just one of the aggressive moves we need to do. Our state is highly educated, and I think we can be more aggressive than other states and we can give more information to our consumers. Just like we all buy other things, like cars and food, we are interested in buying what suits us, at a price that is affordable. In health care we don’t even ask the cost, and I couldn’t tell you the real cost of our last prescription. That is in my view absurd, so we have to aggressively move to a market-based approach and let people keep some of the funds (tax free, or after tax vehicle) so we can incent people to make quality choices and keep the benefits of their shopping, or roll it over to the next year in a medical account.

4. Hospitals are becoming increasingly aware of the importance of their participation in the political process. What advice do you have for hospitals on how they can most effectively and efficiently communicate with you and other member of the legislature?

My preferred means of contact is email. I also like meeting with people in small groups where we can fit around a table, talk about the issues, and have an exchange where I can learn as well as speak out. That is a good way for me to learn. If hospitals in a geographic region want to meet at a local restaurant and kick around ideas, I would welcome that exchange. The market is changing quickly; none of us will understand your business as well as you do. We need exposure to the issues, and we need facts that support arguments. One of the issues that we will tackle is the cost of health care. We have to move towards a consumer model. Be armed with the facts. Be prepared to share information in the light of day.
WHA Will Create a Consumer Web site to Host Hospital Quality Information

Thanks to the generosity of the WHA Foundation, funding is now available to the Association to develop and implement a Web site that will provide on-line access to data and information from WHA’s new quality initiative. An important aspect of the quality initiative is not only to collect data from hospitals related to the ten clinical and five safety measures, but to make this information available to the public.

“The objective of our quality public reporting initiative is to put information in the hands of consumers to facilitate their decision making. It is essential that consumers have a friendly, accessible way to get this information,” said Dana Richardson, WHA vice president of quality and the director of the quality initiative.

Chuck Shabino, MD, chairman of the Wisconsin Quality Steering Committee, welcomed the news of the Foundation grant. “This support will facilitate the development of the appropriate consumer focused web site to be sure the information is timely and accessible,” he said.

Foundation Grant Funds Will Be Used to Study GAMP

The Foundation also issued grants to two Milwaukee initiatives to study the structure of the funding for the General Assistance Medical Program (GAMP), and for technical assistance to review and determine the feasibility of expanding the capacity of the city’s four Federally Qualified Health Centers to take advantage of new federal dollars available for FQHC expansion.

“Both of these initiatives will assist the Milwaukee health care system to respond to the growing demand for services by Milwaukee’s neediest populations,” said Bill Bazan, WHA vice president, Metro Milwaukee.
We anticipate more campaigns being launched this month and look forward to reaching the goal of $1,250 to AHAPAC. The AHAPAC supports candidates running for federal office. In the 2002 election cycle, the AHAPAC contributed $25,000 to Wisconsin federal candidates. The AHAPAC goal for 2003 is $25,000, and Wausau’s contribution places Wisconsin at 35% of goal.

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Healthy Wisconsin Continued

SENATE (100-249)
Robert Watters Aurora Health Care
Robert Deverman Aurora Medical Group
Robert Fry Bellin Health System
Tracy Pest Bellin Health System
Mickey Bartrich Eagle River Memorial Hospital/Ministry
John Rischlake Bellin Health System
Deborah Tendercloud Bellin Health System
Eleni Hardy Milwaukee Women's Center
William Minner St. Michael's Hospital/Ministry
Kenneth Carlson Sauk Prairie Memorial Hospital
Mark Sotostick St. Mary's Hospital/HealthCare/SSM
Joan Baglinger St. Mary's Hospital Medical Center/SSM
Barbara Miller St. Mary's Hospital Medical Center/SSM
Jane Barnett University Health Care, Inc.
James Sauer Waupun Memorial Hospital
Russell Jensen St. Mary's Hospital Medical Center/SSM
Thomas MacKen Wauwatosa Hospital/CHC
Roger Christianson Mile Bluff Medical Center
Timothy Allen Sacred Heart Hospital
JoAnn Jones Sacred Heart Hospital/CHC

ASSEMBLY (75-99)
Daniel Adams Memorial Medical Center, Ashland
Melan Forthing Hudson Hospital
Rhea Schultz Meiter Health Services
Lynn Clayton Adams County Memorial Hospital
James Lyons ProHealth Care, Inc.
Joseph Svetlik Reedsburg Area Medical Center
Nanina Nelson ProHealth Care, Inc.
Nancy LaBerts Memorial Health Center
Leslie Katzman Meiter Health Services
Mary Jones Meiter Health Services
Patricia Huettl Sacred Heart Hospital/CHS
Heather Hardman Meiter Health Services
Jill Gutzahl Meiter Health Services
Mary Cart Lee Meiter Health Services
Les Whitaker Memorial Medical Center, Ashland
Thomas Fuss Meiter Health Services
Donald Powell UW Hospital & Clinics

CLERK (1-74)
Larry Matthews St. Vincent Hospital/CHS
Mark Thompson Aurora Health Care
Jean Needham Holy Family Hospital
Sharon Whalen River Falls Area Hospital
Gary Loder White Fox Field Hospital, Inc.
Rob Myers Vernon Memorial Hospital
Dawn DeSart Wisconsin Hospital Association, Inc.
Shelley Wieler Wisconsin Hospital Association, Inc.
Mandy Kallek Sinai Medical Center, Aurora
Kristin Albors Meiter Health Services
Pauline Harrop Meiter Health Services
Amy Kratz Door County Memorial Hospital/Ministry
Carla Mercier Reedsburg Area Medical Center
David Higley Bay Area Medical Center
Susan Politto Bay Area Medical Center
Brian Beoel Meiter Health Services
Corrine Lobenstein Meiter Health Services
Matthew Anich Memorial Medical Center, Ashland
James Findling Aurora Health Care
Martin Frank Wausau Memorial Hospital
Mary Lodes Wausau Memorial Hospital
John Marnell Hudson Hospital
Todd Paterson Meiter Health Services
Charles Posion Meiter Health Services
Patricia Stubbs Meiter Health Services
Anna Sullivan Memorial Medical Center, Ashland
Judy Westphal Affinity Health System
Maxine Worman St. Clare Hospital & Health Services/SSM
Mike Fain Aurora Medical Group
Don Marcouiller Memorial Medical Center, Ashland
Mary Werley St. Francis Hospital/Covenant
Susan Brudaken Meiter Health Services
Barbara Misswitz St. Mary's of Superior
Mary Zimmerman Meiter Health Services
Sharon Wolff Oconomowoc Memorial Hospital/ProHealth
Gerard Williams Sacred Heart Hospital/CHS
Donna Warzynski St. Mary's Hospital/Ministry
Scott Warren, MD Door County Memorial Hospital/Ministry
Eric VanAlstine Memorial Medical Center, Ashland
Kathryn Tuttle Sacred Heart Hospital/CHS
Christine Tenbrand Milwaukee Memorial Hospital
Jeanne Stoughtenger Medical Center
Mary Stephens Sacred Heart Hospital
Tim Slo Sacred Heart Hospital/CHS
Susan Shaver Sacred Heart Hospital/CHS
Donna Sabatini Sacred Heart Hospital/CHS
Barbara Schmiedel Sacred Heart Hospital/CHS
Donna Schaneman Sacred Heart Hospital/CHS
Kathy Santini Sacred Heart Hospital/CHS
Sally Rosemeyer Milwaukee Women's Center
Rhonda Roosvam Medical Center, Ashland
Sue Risch Sacred Heart Hospital/CHS
Mary Ruhlman Sauk Prairie Memorial Hospital
Francoise Rapp Meiter Health Services
Cynthia Randall Agnesian Health Care
Diane Pfeifer Sacred Heart Hospital/CHS
Judy Philps Sacred Heart Hospital/CHS
Patricia Pfleger Sacred Heart Hospital/CHS
Mary Pangra Sacred Heart Hospital/CHS

CLERK (1-74)
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Pamela Devries Sacred Heart Hospital/CHS
Joseph Hanzlicki Sacred Heart Hospital/CHS
Carol Mohr Sacred Heart Hospital/CHS
Robert Myranean Sacred Heart Hospital/CHS
Ann Meicher Mile Bluff Medical Center
Timothy McKevett Sacred Heart Hospital/CHS
Jean McKay Sacred Heart Hospital/CHS
Margaret McFarlane Sacred Heart Hospital/CHS
Lynne McClellan St. Michael's Hospital/Ministry
Nancy Maersch Meiter Health Services
Michael LuCore Meiter Health Services
Adrienne Leonard Memorial Medical Center, Ashland
Theresa LaChee Meiter Health Services
David Kuzmicki Meiter Health Services
Jean Koepel Aurora Health Care
James Koemer Sacred Heart Hospital/CHS
Paul Karr St. Joseph's Hospital/Ministry
Elizabeth Jacklin Columbia/ST. Mary's
Jean Johnson Sacred Heart Hospital/CHS
Kimberly Johnson Sacred Heart Hospital/CHS
Suzanne Horkan Sacred Heart Hospital/CHS
Robert Hasseneder Memoria Medical Center, Ashland
Bart Haag-Heitman Memoria Medical Center, Ashland
Mike Gutsch Meiter Health Services
Luann Quinn Medical Center
Matt Goeller Mercy Health System
Bonnie Froehlich Sauk Prairie Memorial Hospital
Sharon Frasier St. Michael's Hospital/Ministry
John Falstad Sacred Heart Hospital/CHS
Carol Evans Sacred Heart Hospital/CHS
Ty Erickson Sacred Heart Hospital/CHS
Carol Ebel Sacred Heart Hospital/CHS
Amy Doyer Sacred Heart Hospital/CHS
Debra Drexler Agnesian Health Care
Peggy Dittrich Meiter Health Services
Nancy Diehl Sacred Heart Hospital/CHS
Faye Deich Hudson Hospital
Louise Cunningham Sacred Heart Hospital/CHS
Carol Carlson Sacred Heart Hospital/CHS
Kelly Buechler Sacred Heart Hospital/CHS
Michael Eier Mercy Health System
Paulette Beesom St. Mary's Hospital/Ministry
Brant Bergman Sacred Heart Hospital/CHS
Richard Beckler Meiter Health Services
Thomas Beyer Meiter Health Services
David Bailer Sacred Heart Hospital/CHS
Kathleen Axelsen Sacred Heart Hospital/CHS
Diane Anderson St. Michael's Hospital/Ministry
Craig Attinma Meiter Health Services
Jodi Wilmert Health Services
Clarence Dittmarr Community Memorial Hospital
Robert Goats Meiter Health Services
Jim Wiera Meiter Health Services
John Jahns Medical Group
Randy Schadle Meiter Health Services
Bill Tallesv Meier Health Services
Deanne Kimbel Waukesha Memorial Hospital
Mary Maure Waukesha Memorial Hospital
Don Rabbitt Agnesian Health Care
Gary Rohnbuck St. Mary's Hospital Medical Center/SSM
James Hook St. Mary's Hospital Medical Center/SSM
John Black Sauk Prairie Memorial Hospital
Amy Miller St. Mary's Hospital Medical Center/SSM
Diane Buss Waukesha Memorial Hospital
Jance Freas Waukesha Memorial Hospital
Mary Gigot Meier Health Services
Sherry Quamme Meier Health Services
Timothy Riddle Meier Health Services
Mary Mulag Meier Health Services
Kimberly Harder Moiro Clinic
Debra Anderson Tri-County Memorial
Kris Bernsa Tri-County Memorial
Kathy Fuglie Tri-County Memorial
Yoelanda Vayight Waukesha Hospital/CHC
Kathleen Swidick Waukesha Hospital/CHC
Tina Seidl Waukesha Hospital/CHC
Pamela Kruiger Waukesha Hospital/CHC
Deborah Karow Waukesha Hospital/CHC
Scott Garvey Waukesha Hospital/CHC
Denee Erdl Waukesha Hospital/CHC
Kathy Whiting Waukesha Hospital/CHC
Terry Clark Waukesha Hospital/CHC
Wayne Cherry Waukesha Hospital/CHC
Christine Brehmer Waukesha Hospital/CHC
John Boyd Waukesha Hospital/CHC
Kimberly Immig Waukesha Hospital/CHC
Ron Mroczek Waukesha Hospital/CHC
Kent Demm Waukesha Hospital/CHC
Bruce Lorenz Waukesha Hospital/CHC
Christopher Pasekos Waukesha Hospital/CHC
Patrick Desingor Waukesha Hospital/CHC
Bet Schatt Waukesha Hospital/CHC
Connie Schneider Milwaukee Medical Center
Sheree Pabst Tri-County Memorial
Kathy Riches Milwaukee Medical Center
Dennis Clark Milwaukee Medical Center
Sophie Schrader Milwaukee Medical Center
Sandy Lauty Tri-County Memorial