“Wisconsin a Model for Health Care Reform”
Resonates with Media, Public
Third WHIAC radio ad underscores cost-effectiveness of Wisconsin delivery system

Wisconsin hospital leaders continued to meet with editorial boards this week as the health reform debate raged on in town hall meetings around the country. WHA has organized eight editorial board meetings statewide, this week stopping in Racine and Wausau.

In Racine August 24, WHA President Steve Brenton and Ken Buser, president/CEO, Wheaton Franciscan Healthcare – All Saints told the staff at the Racine Journal Times that they “would like to see a Wisconsin perspective, at the end of the day, with whatever passes in Congress.”

“Wisconsin ranks high for the quality of health care, the number of insured people and for providing health care at a relatively low cost. Wisconsin has the third highest rate of coverage and usually ranks first or second among the rest of the states in terms of quality,” Brenton explained. However, he added, “There is still room for reform.”

Hospitals have figured out how to do more with less, according to Buser, who noted that Wisconsin is one of the bottom five states for Medicare reimbursement.

“We do provide care more effectively and efficiently. We’ve learned how to do it over longer periods of time using fewer resources,” Buser said.

Brenton said the rhetoric that both sides are engaged in currently has slowed things down in Washington, but he hopes moderation will prevail when lawmakers return and ideas that can be supported more broadly will be in play.

A stop at the Green Bay Press Gazette offices prompted an August 23 editorial that also quoted area hospital executives that participated in the visit.

(continued on page 9)
PA Administrative Rule Change Takes Effect September 1, 2009

The administrative rule relating to prescribing by physician assistants (PAs) has been updated with changes that go into effect September 1, 2009. Changes include:

**Repealed:** The requirement that a physician co-sign PA prescription orders has been repealed.

**Added:** A requirement that the categories of drugs for which prescriptive authority has been delegated be included in a PA’s written guidelines for prescribing has been added. The PA’s written prescribing guidelines must contain the method and minimum frequency of chart review agreed to by the physician/PA team.

**Added:** A requirement for periodic review of PA prescription orders by the physician has been added. To allow for more flexibility based on the nature of the physician/PA team practice, the experience of the PA and the welfare of patients, the specifics with respect to the method and frequency of review are left to the physician/PA team.

**Updated:** The means by which the supervising physician must be available to the PA has been updated to allow the use of any telecommunication or electronic means. (Prior to the change, telephone, two-way radio or television communication were required.) The 15-minute time frame remains in place.

Documentation will be required to demonstrate compliance with the new rules. A sample “written prescribing guidelines” document is being developed by the state physician assistant professional organization. It will be on their Web site within the next few weeks at [www.wapa.org](http://www.wapa.org).

Text of the rule can be found at [http://drl.wi.gov/boards/med/Physician%20Asst](http://drl.wi.gov/boards/med/Physician%20Asst).

Looking for Users of Southern Wisconsin’s Universal Credentialing Application

The Credentialing Forum is looking for feedback on which hospitals are currently using the Wisconsin Universal Credentialing Application and is seeking recommendations for updates needed to keep the form useful for current credentialing practices. For more information or to provide feedback to the Credentialing Forum, contact: Linda Haack, Manager of Credentials Verification, Aurora Health Care, [linda.haack@aurora.org](mailto:linda.haack@aurora.org) or 262-787-2777.

**WHA Annual Convention**

**September 23-25, 2009**

Grand Geneva Resort, Lake Geneva

Reminder: Take advantage of the discounted WHA group hotel rate at the Grand Geneva by making your hotel reservations by September 2!

Register for the convention on-line today at [www.wha.org](http://www.wha.org)
President's Column

What’s Going on in Boulder, Colorado?

Critics of the Dartmouth Atlas claim that the variation in Medicare spending that is measured and reported by Hospital Referral Region (HRR) fails to account for underlying symptoms that drive some of the variation. Some refer to this as the “we have sicker patients” syndrome. But look at Boulder County Colorado, the location of The University of Colorado—demographically, ethnically and politically a community that looks a lot like Dane County (Madison), Wisconsin. Both hospital referral regions are shaped by the presence of large academic centers with higher than average “educated” workforces. Both areas are viewed as popular “destination spots” by publications that annually rate those “best places to live” in the nation.

But when it comes to Medicare spending on a per capita basis, there’s a staggering difference between the two regions that must be the direct result of how health care is organized and delivered and the resulting utilization of services by the demographically similar patient populations. And that’s exactly what the Dartmouth Atlas describes as the underlying catalyst behind variation in spending.

Average annual spending in the Boulder County HRR is $9,103. In the Dane County HRR it’s $6,416. That’s a 35 percent differential! The question is...“Exactly what provisions within pending health reform legislation will specifically reward Dane County area hospitals and physicians for this efficient delivery of health care?”

One of WHA’s health reform principles is that “Each health care stakeholder has a shared responsibility.” Inherent within any discussion about what “shared responsibility” actually means is the notion that all stakeholders must be willing to do some “heavy lifting” if real health reform is going to happen. For providers, that means: accepting future Medicare payment cuts to help finance coverage expansion; accepting the necessity to improve performance (including new payment systems) in order to reduce costs; and to be fully transparent and accountable for reporting quality, safety and cost information. For private insurers that means unparalleled regulatory oversight that includes coverage portability, limits on underwriting and, perhaps, a floor on medical loss ratios.

Shared responsibility also demands that tort reform must be an essential component of health reform. But to date, Democrats have given the plaintiff’s bar a free pass. That needs to end. While trial lawyers are huge and almost single-minded contributors to Democrats, Congressional leaders like Harry Reid and Nancy Pelosi would show a commitment to ideology-free reform if they’d place the issue of liability limits on the table in a post-Labor Day environment. Such leadership is just what’s needed to rekindle a meaningful reform agenda going forward. But don’t hold your breath.

The normally left-leaning Washington Post this week again editorialized against the Public Plan/Option and called on the Obama Administration to ditch the approach ASAP. Administration insiders have expressed dismay at the fierce allegiance that many DEMS have to the polarizing issue and the WP recalled their commentary in April when they said the left’s “fixation on a public plan is bizarre and counterproductive.” As many as 100 House DEMS may be willing to do nothing rather than allow the thinly-veneered single-payer approach to die.

The Republican National Committee (RNC) is blasting President Obama and Democratic Leaders for proposing significant Medicare provider payment cuts to pay for health care reform. The support for “protecting Medicare” would be laudatory if not for the fact that GOPers have never been bashful about trimming Medicare provider payments as a budget deficit reducing strategy. This new found religion is more about cynical politics than it is about “protecting” seniors.

Steve Brenton, President
DRL Secretary Visits Local Hospitals During Governor Doyle’s “Up North” Tour

As part of Governor Doyle’s seventh annual “Up North” tour, Ministry Health Care’s Howard Young Medical Center and Eagle River Memorial Hospital recently hosted Celia Jackson, Secretary of the Department of Regulation and Licensing (DRL), and her executive team member, Hector Colon.

The DRL and related professional boards protect the citizens of Wisconsin by ensuring the safe and competent practice of licensed professionals.

Secretary Jackson and Hector Colon shared an update on the areas DRL is working on that impact health care professionals. They were also able to hear from hospital leaders about important issues.

If your hospital has hosted legislators or public officials recently, please let HEAT know so we can spotlight you. Contact Jenny Boese at jboese@wha.org.

Pictured from left: Celia Jackson, Secretary of the Department of Regulation and Licensing; Dawn Gapko, Director of Nursing and Operations, Eagle River Memorial Hospital; Sheila Clough, President, Howard Young Health Care; and Hector Colon, Executive Assistant, Department of Regulation and Licensing.
Plan to Attend the 2009 Quality & Safety Forum October 19-20 in the Dells

*Register today to take advantage of early bird discount.*

Online and traditional registration is now open for the 2009 Wisconsin Quality & Safety Forum, scheduled October 19-20 in Wisconsin Dells. An early bird discount is available through September 26, and the discounted hotel group rate at Glacier Canyon Lodge is available until October 1, so plan ahead and register today.

The Wisconsin Quality & Safety Forum is the premier statewide education event focused on health care quality and safety. Each year, this event features a mix of nationally known and respected experts on health care quality and patient safety and best practices of proven and adaptable initiatives from health care providers around the state.

At this year’s event, Dr. Barry Silbaugh, CEO of the American College of Physician Executives, and Dr. Bruce Siegel, director of the Robert Wood Johnson Foundation’s Aligning Forces for Quality National Program Office, will be featured speakers. In addition, the agenda includes a variety of other interesting and timely presentations, including 10 improvement projects currently occurring in Wisconsin hospitals and physician clinics.

Health care quality managers, risk managers, clinical managers, physicians, nurses, CEOs, pharmacists, patient care services staff, quality improvement team members, and others from hospitals and physician clinics throughout Wisconsin are encouraged to attend. The annual Forum is a partnership of WHA, MetaStar, the Wisconsin Collaborative for Healthcare Quality, the Wisconsin Health Information Organization, and the Wisconsin Medical Society.

Online registration, including the early bird discount, is currently available at www.wha.org. The Forum brochure with full agenda is included online as well. Print copies of the Forum brochure will be included in next week’s Friday packet.

For more information on registration, contact Lisa Littel at llittel@wha.org or 608-274-1820.

Last Chance for Early Bird Discount on Statewide PR and Marketing Conference

The Wisconsin Healthcare Public Relations and Marketing Society (WHPRMS) Annual Conference is only six weeks away, but there is still time to register and take advantage of registration and hotel discounts.

WHPRMS has extended the early bird deadline to August 31, so visit www.whprms.org today to register and save up to $45 off the regular rates. Organizations that send three or more attendees can take advantage of the group discount.

Reserve your hotel room by Wednesday, September 16 and receive a discounted room rate of $139 for up to four people per room, at the Hyatt Regency in downtown Milwaukee. Contact the hotel at 414-276-1234, and request the WHPRMS group rate. The rate is available to all conference attendees through September 16. Rooms at this rate are subject to availability and will be reserved on a first-come, first-served basis.

The full conference brochure, with registration information, is available on-line at www.whprms.org. For registration questions contact Lisa Littel at 608-274-1820 or email llittel@wha.org.
The Valued Voice -- Page 6 -- 8/28/09

Guest Column

Continued from page 1 . . . WHA Information Center: Six Years of Efficiency and Innovation

volume collected when hospitals started reporting data to the Bureau of Healthcare Information in the late 1980s. This is a result of WHA’s commitment to expand data collection to include hospital outpatient services as part of the legislation that brought WHAIC to life.

• **Quicker turnaround:** Quarterly data sets are produced approximately 70 days sooner, on average, than in 2003. That is due in no small part to a vastly improved on-line data collection and correction process. The data can be released faster because it is easier for hospitals to submit.

• **More accessible:** WHAIC’s groundbreaking PricePoint Web site allows the general public to access hospital charge information almost immediately after data sets are finalized. Information about inpatient stays, outpatient surgeries and ED/urgent care visits are only a few easy mouse clicks away for any consumer, inside or outside of Wisconsin.

Regarding survey data collection, we are currently in the process of training hospitals on the use of our newly designed on-line survey data submission system. The new system will provide data submitters with more timely and more detailed feedback on the data being entered. Keystroke errors can be detected and corrected as soon as the data is saved, and data submitters will be alerted if current-year values deviate substantially from those of the previous year.

Our PricePoint system, launched in 2005, is still the de facto national standard for hospital pricing transparency Web sites, as evidenced by WHAIC’s PricePoint contracts with 20 other state hospital associations.

WHAIC’s successes could not have happened without the cooperation and commitment of Wisconsin hospitals. They stand solidly behind WHA’s public endorsement of health care transparency with their efforts to publicly report not only their billing data but information about quality, safety and community benefits as well.

This in turn helps WHA “tell the hospital story” to policymakers and opinion leaders. We all know that there is no shortage of misunderstandings and myths about health care in general and hospitals in particular. The facts about Wisconsin hospitals are a potent weapon in combating such misinformation.

Of course, the need for data never stops; old information is only relevant in the context of what is happening right now. In that sense, WHAIC’s job is never done, and I have every confidence that the data we collect will be as important, if not more so, in 2015, than it was back in 2003.

When I am asked what I do for a living, it is sometimes hard for me to explain in a few sentences. I can relate the technical and mechanical aspects of my job, but that is often not adequate. What WHAIC really does is help Wisconsin hospitals stay on the leading edge of the trend toward greater transparency in health care. That’s a job that the WHAIC team and I are proud to do.

*WHA Information Center, LLC is a Corporate Champion of WHA.*
Stories From Our Hospitals

Community Health Network, Berlin

Compassion - for patients, for families, for our community

Compassion is one of the five values we live by at Community Health Network (CHN). Compassion by definition is taking time to listen, help and understand. Through the efforts of the CHN Foundation, this value is exemplified by the grants given to individuals and families throughout the Community Health Network service area.

The health needs of individuals are sometimes alerted to the Foundation by others rather than the recipient. Throughout the local school systems, the CHN Foundation has communicated the availability of funds for various needs. What might seem a trivial situation to one person can be perceived as a mountain to scale by another.

Recently, a student at an area school was found to be hearing impaired. The Foundation’s monetary help allowed the youngster to have a full audio evaluation and be fitted for hearing aids, keeping in mind the need to have them compatible with the amplification system at the school. Throughout the process of getting the evaluation for the student, the parent was found to be hearing impaired also, and once again the Foundation stepped up and made it financially possible to help someone in need.

Terri Mauel, RN, BSN, has been a school nurse in the Berlin School District for 14 years. She has also been an active voice of the CHN Foundation, serving on the Grants Committee. Her interaction with students and their families is an invaluable tool that helps meet the goals of the CHN Foundation. Her ability to be vigilant to the needs of many students has allowed the Foundation to serve families and individuals.

“I’m happy that the communities served by CHN have a resource to go to in time of need. To be able to assist a child to pursue the most optimal education possible is deeply gratifying,” praised Terri. “The Foundation is a wonderful asset to this area and we want everyone to know about it,” she added.

Holy Family Memorial Medical Center, Manitowoc

Tragic but true

A male flight attendant, assigned to be on one of the flights that crashed into the World Trade Center on 9-11-01, was taken off the schedule for some reason and put on another. He had coworkers and friends on the flights that crashed, and they lost their lives. Since that time, he has struggled with Post Traumatic Stress Disorder and alcohol abuse. Divorced by his wife, he moved back to Manitowoc hoping to be with his family and gaining their support. In November 2008 he attempted suicide, which brought him to his current residence at Marco Manor, a recovery center. Because of this life-altering experience, the patient is presently unemployable. He receives treatment for his mental condition through Manitowoc County and receives his medications from the Patient Assistance Program. The Community Care Program at Holy Family Memorial and Lakeshore Family Medicine assisted him with his account balances.

(continued on page 8)
Frugal living

A self-employed farmer came in to the hospital for kidney stones on both sides as well as for a cardiac cath in 2008. He was 53 years old, and it was the first time he had any medical issues. This was also the first time he used his health insurance, and he had been paying on it for years. It turned out his health insurance paid very little toward his extremely high medical bills. The farm that he and his brother co-owned had been just barely surviving the past few years. Any profits had to go right back into the farm for updating the equipment or fixing the old. He lived very frugally and was driving a 1989 vehicle. Community Care was able to assist this gentleman with over $30,000 in Holy Family Memorial medical debt.

Luther Midelfort – Mayo Health System, Eau Claire

Diabetes education event benefits patients and community

Jaren Paulson of Barron was diagnosed with Type 1 diabetes at age 2. Now 13 years old, Jaren takes an active role in his diabetes management. A free event in Eau Claire provided by Luther Midelfort’s Diabetes Education Department especially intrigued Jaren. The topic was “Cooking for a Healthy Lifestyle,” and the presenter was world-renowned chef Chris Smith, a.k.a. The Diabetic Chef.

“I like cooking, and when I heard that the chef was a diabetic too, that influenced me to attend,” Jaren said. At the event, the chef demonstrated cooking methods and flavoring techniques and discussed his experience cooking healthy meals for the entire family. Jaren hopes to be a chef someday and was pleased with the tips he learned.

More than 250 people from throughout the region attended the program. Luther Midelfort arranged for free bus transportation to and from the event for attendees coming from Luther Midelfort locations in Barron and Bloomer, a perk that made it easy for Jaren and his mother to attend.

Katie Bohlinger, registered dietitian and certified diabetes educator, planned the event on November 20, 2008. November is National Diabetes Month. This was the sixth annual communitywide diabetes event, which has grown so large that it is held at a local hotel to accommodate attendees. Speakers have ranged from Luther Midelfort’s local experts to those nationally known. Topics have ranged from emotional aspects of diabetes to foot care to heart, eye and kidney health, as well as nutrition.

Darlene Hass of Bloomer does not have diabetes, but she is at risk of developing it. She monitors her health through the help of her doctor, dietitian and educational events such as this one provided by Luther Midelfort. Darlene heard about the program from a friend and also took advantage of the free bus ride to the presentation.

Darlene appreciates the events and is pleased with the educational materials she receives to review and learn from at home. “You get to read what’s new and what’s around the corner,” she said. “It’s nice of Luther Midelfort to give this information to their patients and the community, and it’s good to be a part of it,” she said.

Katie also coordinates Luther Midelfort’s diabetes support group, which meets the first Thursday of each month from September through May. It is a free group open to patients and the public of all ages. Support group meetings feature a different educational topic each month.

(continued on page 9)
The patient-centered approach to managing diabetes offered by Luther Midelfort’s Diabetes Education team is an important part of the services offered at Luther Midelfort. The team of certified healthcare educators works together with patients and physicians to provide comprehensive training and assist patients with successfully managing their own care. The program is recognized by the American Diabetes Association for quality self-management education.

“Diabetes is becoming an epidemic, and we’re seeing more patients who are younger and younger all the time,” Katie said. “We’re here to help. We offer prediabetes education classes in addition to our regular diabetes education program. Doctors are screening earlier for diabetes, so if we can find patients at the pre-diabetes stage, hopefully we can help prevent or delay a Type 2 diabetes diagnosis.”

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

Continued from page 8 . . . Community Benefits: Stories From Our Hospitals

Continued from page 1 . . . “Wisconsin a Model for Health Care Reform”

“I think we all agree that the system is broken and we need reform,” said Therese Pandl, president/CEO of Eastern Wis. Division of Hospital Sisters Health System and of St. Mary’s and St.Vincent Hospitals in Green Bay. “Reform is a complicated issue and people listen in sound bites. This isn’t a sound-bite issue.”

Bellin Health President and CEO George Kerwin observed that, “Reform is alive and well and happening every day as providers seek better ways to care for their patients.”

Kerwin said the concern is that political activity will “crash into what Wisconsin is doing successfully and cause us to fall back on our efforts.”

“In an ideal world, the political debate and providers’ efforts to preserve quality and value will dovetail nicely and real reform will happen nationwide,” Kerwin said.

The editorial urges consumers, providers and legislators to “look past the sound bites and listen to the discussion.” It closes by stating, “Kerwin is right: Any deterioration in the quality of health care already being provided in Wisconsin would be a tragedy.”

An August 28 Business Journal editorial titled, “Health care debate should be rational” is a result of an August 20 meeting where WHA Executive Vice President Eric Borgerding was joined by Leo Brideau, president/CEO, Columbia St. Mary’s, Bill Petasnick, president/CEO, Froedtert and Community Health, and Ford Titus, president/CEO, ProHealth Care.

The Business Journal editorial credits WHA with “doing its part to encourage a healthy discussion” about health reform by organizing statewide editorial board meetings and noted the Wisconsin Hospitals Issue Advocacy Council’s issue oriented radio ads (see page 10 for more on the ads). Further, it states: “What is Wisconsin doing right? WHA points to the state’s low rate of uninsured—the state ranks second in the nation in people with insurance coverage. The group also notes that Wisconsin scores high in provided quality health care services – the state came in first in overall quality according to a recent national report card.”

(continued on page 10)
Continued from page 9 . . . “Wisconsin a Model for Health Care Reform”

Health care executives from central Wisconsin, along with WHA Senior Vice President George Quinn met with the Wausau Daily Herald August 24. Participating were Duane Erwin, CEO of Aspirus and Mary Krueger, president, Ministry Health Care – Saint Clare’s Hospital. At press time, the Daily Herald had not posted an editorial.

WHIAC Releases Third Radio Ad: Common Sense Solutions

The third in a series of radio ads aimed at educating the public about national health care reform and its impact on Wisconsin was released by the Wisconsin Hospitals Issue Advocacy Council, Inc. (WHIAC), a 501(C)(4) organized to promote, develop, and encourage the distribution of information about Wisconsin’s health care climate and the importance of enabling high quality health care. The radio message emphasizes that Wisconsin is a model for health reform.

The narrator points out: “Wisconsin has been recognized as having some of the most cost effective doctors and hospitals in the nation. So as Congress looks to overhaul our nation’s health care, they need to look at keeping what is working well right here in the nation’s Heartland.”

The ad, titled “Common Sense Solutions,” started running August 27 on radio stations across the state. WHA has posted the audio version of all three radio ads on its Web site at www.wha.org.

WHA staff continues to follow the Wisconsin town hall meetings and other forums that are occurring around the state. Congress is expected to take up the health reform debate when they return from recess after Labor Day.