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## WHA Physician Leadership Council Holds First Meeting, Sets Future Direction

Health care in Wisconsin is delivered in one of the most highly-integrated models in the country. Over the past decade, the growth in physician integration has created an impetus for WHA to look beyond the traditional “walls” of the hospitals to evolve its focus beyond the hospital to that of the broader spectrum that encompasses its members’ presence as regional and local community health systems.



*Physician Leadership Council members at their first meeting, June 25.*

“Successful advocacy in an integrated care environment necessitates an integrated advocacy approach,” according to WHA Executive Vice President Eric Borgerding, in remarks kicking off the inaugural meeting of WHA’s Physician Leadership Council.

The formation of a Physician Leadership Council (PLC) is a natural response to the growing need to tap into the significant resources and perspectives that WHA member physician leaders bring to Wisconsin’s health and hospital systems. More than 20 physician leaders participated in the first Council meeting held June 25 at WHA headquarters in Madison, and they helped set direction for the important public policy role that WHA member physician leaders have in WHA’s advocacy agenda. *(continued on page 7)*

## WHA Responds to Release of Preliminary Data on HAC Reduction Program *WHA memo to legislators emphasizes Wisconsin hospitals’ quality successes*

The preliminary release of hospital data by Kaiser Health News from CMS’ Hospital-Acquired Condition (HAC) Reduction Program triggered not only a media response from WHA, but the Association also sent a memo to state lawmakers notifying them of the Association’s concern with the HAC Reduction Program ([www.wha.org/pdf/QualityMemo6-26-14.pdf](http://www.wha.org/pdf/QualityMemo6-26-14.pdf)). WHA noted several systemic flaws with quality metrics used by the HAC Reduction Program and asked legislators to direct their constituents to use Wisconsin’s CheckPoint program ([www.WICheckPoint.org](http://www.WICheckPoint.org)) for the most recent information on hospital quality.

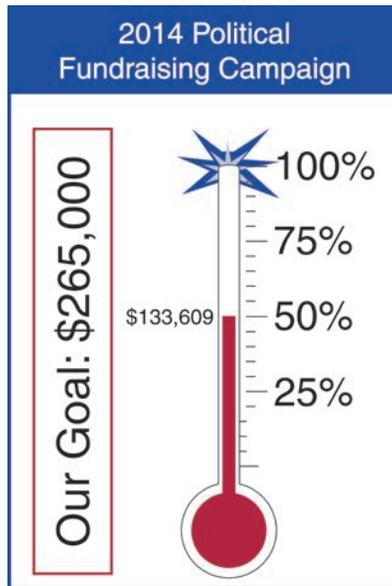
In responding to numerous press inquiries, WHA Chief Quality Officer Kelly Court emphasized to the media that the HAC Reduction Program rates hospitals on a curve, with the lowest 25 percent automatically receiving a failing grade regardless of performance.

“That means a hospital with a relatively low infection rate could still be hit with the penalty, simply because it is in the bottom quarter among the entire group,” according to Court.

The memo reminded lawmakers that Wisconsin hospitals “have been on the forefront of transparency in health care, especially on issues related to patient safety and quality improvement” and that WHA’s “members will continue their already impressive work to improve patient care.” *(continued on page 9)*

## Political Action Spotlight

### Continuing on a Strong Pace, Political Action Fundraising Campaign Hits Halfway Mark



The Wisconsin Hospitals Conduit and State PAC annual fundraising campaign has added 32 more participants and raised an additional \$25,000 in the last two weeks, putting the campaign over 50 percent of the goal to raise \$265,000 by the end of the year.

The 2014 Campaign's progress is outpacing last year by more than \$42,000 and \$35,000 ahead of the last election year in 2012. To date, 159 individuals have participated as compared to 91 in 2013.

Individual contributors are listed in *The Valued Voice* by name and affiliated organization on a regular basis. Special thanks to the contributors to date who are listed on page 8 who have helped the campaign get off to a strong start. Contributors are listed alphabetically by contribution amount category. The next publication of the contributor list will be in the July 11 edition of *The Valued Voice*.

For more information, contact Jodi Bloch at 608-217-9508 or Jenny Boese at 608-274-1820.

### CMS Announces Auto-Enrollment Feature for Exchange Marketplace

On June 26, 2014, the Centers for Medicare and Medicaid Services (CMS) announced plans for consumers to continue in their same plans into the 2015 benefit year, if the plans are renewed, without taking any action.

On a call June 26, officials from CMS' Center for Consumer Information and Insurance Oversight (CCIIO) indicated they will be sending a communication to everyone who was determined eligible through the exchange marketplace, even if they didn't enroll. The letter will welcome them to the 2015 open enrollment period, indicate how they can make changes to their information if needed, and let those who enrolled know to expect a letter from their insurer as to whether their plan will be renewed in 2015. The links below include attachments to draft notices that insurers would be required to use. CMS is accepting comments on those notices until July 17.

If the plan will be renewed, and if the enrollee authorized the Department of Health and Human Services to use their tax information for renewal purposes (most did), and if it appears from the tax information that the enrollee would still be eligible for a tax credit, the enrollee will be automatically renewed into their plan in December 2014, so there is no gap in coverage beginning in January. The tax credit amount they will receive will be the same amount they received in 2014.

If the person appears to not be eligible for a tax credit, they will automatically be renewed into their plan without a tax credit.

The CMS plan is included in a proposed rule, with comments due in 30 days. The proposed rule can be found at: [www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/508\\_CMS-9941-P-OFrv-6-26-14.pdf](http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/508_CMS-9941-P-OFrv-6-26-14.pdf).

To read the Guidance on Annual Redeterminations for 2015, visit: [www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2014-0626-Guidance-on-annual-redet-option-2015-FINAL.pdf](http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2014-0626-Guidance-on-annual-redet-option-2015-FINAL.pdf).

(continued on page 3)

## Continued from page 2 . . . CMS Announces Auto-Enrollment Feature for Exchange Marketplace

The draft issuer renewal and discontinuance notices are open to public comment and may be viewed here: [www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2014-0626-Bulletin-on-Renewal-and-Termination-Notices-FINAL.pdf](http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2014-0626-Bulletin-on-Renewal-and-Termination-Notices-FINAL.pdf).

Instructions are available at [www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/0626-2014-Notice-instructions.pdf](http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/0626-2014-Notice-instructions.pdf).

### President's Column

## Milwaukee's Complex Health Care Access Crisis Looms Large, and Local Media Points Finger

The recent *Milwaukee Journal Sentinel* series, "Poor Health" ([www.jsonline.com/news/health/hospitals-doctors-moving-out-of-poor-city-neighborhoods-to-more-affluent-areas-b99284882z1-262899701.html](http://www.jsonline.com/news/health/hospitals-doctors-moving-out-of-poor-city-neighborhoods-to-more-affluent-areas-b99284882z1-262899701.html)), lucidly tackles the crisis of poor health that batters much of the city. Most Wisconsinites can't fathom just how pervasive the health care crisis is in a community where poverty contributes to a bevy of disabling chronic conditions, poor morbidity and high infant mortality rates, and where access to primary care and behavioral health services is inadequate.

But the MJS story stumbled badly when it chose to blame the evaporation of inner-city hospital beds as a contributor to the "poor health" it catalogued. The stories also disappointed when they failed to showcase the impressive work of the Milwaukee Health Care Partnership (MHCP), a voluntary organization whose governing board includes hospital-based health systems, community clinics and public officials.

The *Milwaukee Journal Sentinel's* focus on hospital beds was bizarre. The issue isn't beds—it's inadequate coverage for the low income population, insufficient primary and specialty care access,

***But the MJS story stumbled badly when it chose to blame the evaporation of inner city hospital beds as a contributor to the "poor health" it catalogued.***

***The issue isn't beds—it's inadequate coverage for the low income population, insufficient primary and specialty care access, inadequate behavioral health infrastructure, and uneven care coordination.***

inadequate behavioral health infrastructure, and uneven care coordination. These are all issues that the MHCP has been quietly working to improve for years—with little fanfare from the local media.

of red ink but steadfastly maintain a safety net presence. No media kudos for that, of course.

Another unreported story is that adult Medicaid enrollment in Milwaukee County surged by over 20,000 lives in April when the childless adults Medicaid eligibility cap was lifted. While on the surface this is "good news," emergency departments, especially in the inner city, have been inundated with sick patients who have no other more appropriate primary care venue.

***Both hospitals hemorrhage barrels of red ink but steadfastly maintain a safety net presence.***

The "Poor Health" series may not yet be finished. If that's the case, the next focus should be on the ongoing menu of activities that the MHCP is undertaking and on the resources that hospital-based health systems are providing daily to address the crisis.

Steve Brenton  
President

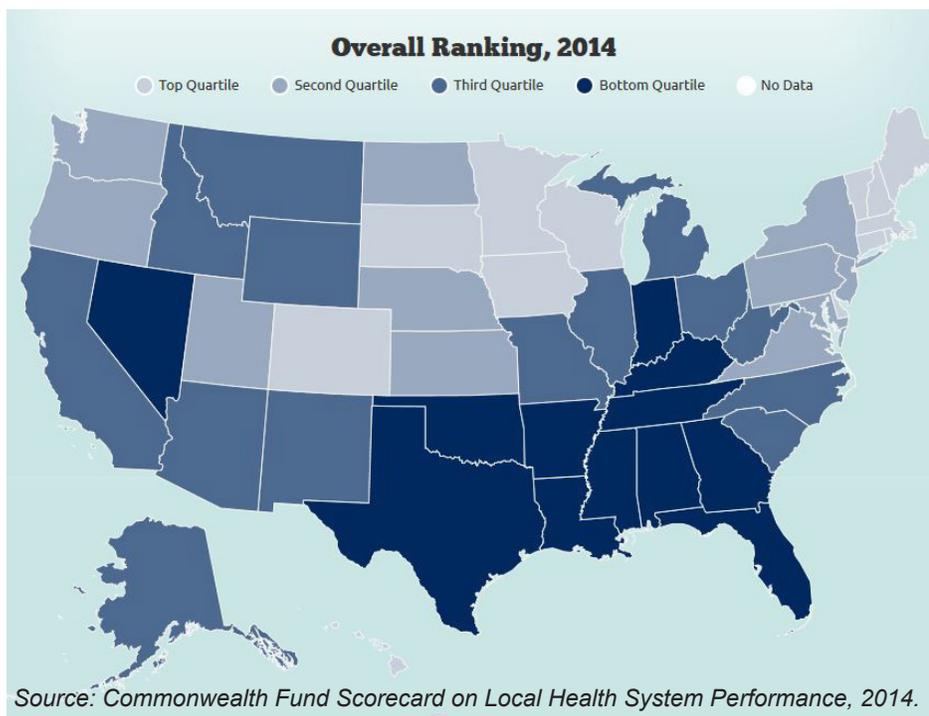
## Brenton: Health Care is Economic Asset in Rural Wisconsin

*On average, inpatient care comprises only 23% of rural hospital revenue*

The last day of a conference can sometimes seem to drag on, but that did not happen at the 2014 Wisconsin Rural Health Conference when WHA President Steve Brenton and Rural Wisconsin Health Cooperative Executive Director Tim Size took the stage June 20 in Elkhart Lake. Brenton and Size, both known for their direct and engaging communication styles, shared their perspectives on the “state of Wisconsin Rural Health Care” with the nearly 300 attendees.

Brenton led off with what he characterized as the environmental factors associated with Wisconsin’s health care delivery system:

1. Hospitals are pivoting away from inpatient care to outpatient at an ever-accelerating rate. Among rural hospitals, only 23 percent of their revenue is derived from inpatient care, while a decade ago it was 40 percent of their business. Over the last five years, inpatient admissions were down 25 percent. This is changing the nature of the patient mix and how hospitals are being reimbursed.
2. Government will continue to contribute to the confusion and uncertainty that has shrouded the health care sector for the past few years.
3. Wisconsin is unique among all states because of its consistently high rankings over a wide range of indicators. For example, the Commonwealth Fund rates Wisconsin in the top quartile of states based on health system performance. (See map graphic below.)



“We are fortunate because we have well-organized health care in our state, our delivery system is highly integrated, and we have organizations that are respected and stable partners in their communities,” Brenton said. “Wisconsin is one of the few states that can boast that health care is an economic development asset.”

Size noted that together, WHA and RWHC have taken rural advocacy to a new level.

“We have something special going on in Wisconsin when it comes to rural advocacy, and it is built on the strong relationship that we have between RWHC and WHA,” Size said. “Our rural

hospitals have an energy and a fire for protecting rural health. Our two organizations are the product of that strength.”

Both leaders shared their concern about the physician supply, particularly in rural areas, and encouraged rural hospitals to participate in the upcoming WCMEW Team-based Care Conference November 12 in Wisconsin Dells.

“It is encouraging that we did not need to bring in out-of-state experts to present on team-based care. We have many organizations in Wisconsin that have implemented team-based care and who are willing to share their experiences with other hospitals,” Size said. “It is one of the most important conferences that we have sponsored with WHA and other partners in recent years.”

## RWHC Recognizes Brenton at Rural Health Conference

Tim Size, executive director of the Rural Wisconsin Health Cooperative (RWHC), recognized WHA President Steve Brenton's contributions to the field of rural health "as a rural champion, partner and friend" at the Rural Health Conference June 20. Other health care leaders also expressed their appreciation for Brenton's contributions to rural health care.



*Ed Harding, Bill Sexton, Steve Brenton, Tim Size, Bob Van Meeteren*

Jerry Worrick, President/CEO, Ministry Door County Medical Center, Sturgeon Bay, said via video that "Under Steve's leadership, the Association has gone to great heights and is well respected in Madison, and on a national basis is probably one of the top two or three hospital associations."

Bill Sexton, CEO of Prairie du Chien Memorial Hospital, thanked Brenton for his support of small rural hospitals. "We stand on the shoulders of the giants who have gone before us. Steve—thank you for being one of those giants," said Sexton.

WHA Board Chair Ed Harding, President/CEO, Bay Area Medical Center, Marinette, called Brenton a "quintessential state hospital association leader."

Bob Van Meeteren, chair of the WHA Council on Rural Health and president of Reedsburg Area Medical Center, told Brenton, "Your compassion and dedication to small rural hospitals is truly appreciated."

WHA Executive Vice President Eric Borgerding will succeed Steve Brenton as president and chief executive officer of the Association effective January 1, 2015. Brenton, who has more than 23 years with WHA, will assume duties as WHA's senior policy advisor at that time.

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## Wisconsin Hospitals' Readmissions Work Featured in National Publication

WHA was recently invited to submit an article for *Readmissions News*, an online publication directed at health care professionals actively working on improving care transitions. Wisconsin has a national reputation for collaboration among organizations, and the publisher was interested in how hospitals and other stakeholders have reduced readmissions by working together on the problem.

The article, "Wisconsin Hospitals Tackle Readmissions with Inside/Outside, Macro/Micro Strategy," is authored by Stephanie Sobczak, WHA quality manager and convener for the Association's reducing readmissions initiative. The text details the pathway to developing these close collaborations, and specifically how hospitals in our state have been at the center of the work to prevent patients from returning to the hospital when it can be avoided.



*Stephanie Sobczak*

"It is always an honor to have our members' work recognized at the national level," said WHA Chief Quality Officer Kelly Court. "Wisconsin hospitals have made incredible strides in reducing readmissions. It requires a multi-stakeholder effort and strong partnerships. No one can do this work alone. WHA considers it a privilege to work so closely with our members to improve care. Our strength as a state is that we leverage partnerships, value collaboration and recognize the impact that we can have on health care value."

The article is posted here: [www.wha.org/pdf/Readmissions0614Sobczak.pdf](http://www.wha.org/pdf/Readmissions0614Sobczak.pdf).

## Rural Health Conference Challenges Leaders to Innovate, Transform Health Care

The rural conference is WHA's largest member gathering and most popular event. The 2014 Wisconsin Rural conference was no exception with nearly 300 attendees and standing-room only crowds in many of the break-out sessions. (see Rural Conference In Review at [www.wha.org/pubarchive/special\\_reports/RH2014review.pdf](http://www.wha.org/pubarchive/special_reports/RH2014review.pdf)).

WHA Council on Rural Health Chair Bob Van Meeteren emceed the two-day event held June 19-20 in Elkhart Lake. The conference was sponsored by WHA, the Rural Wisconsin Health Cooperative, the Wisconsin Office of Rural Health, the Wisconsin Primary Health Care Association and MetaStar.



WHA President Steve Brenton; Steven Klasko, MD; Bob Van Meeteren

Keynote speaker Stephen Klasko, MD, president, Thomas Jefferson University and president/CEO of Thomas Jefferson University Health System, examined the transformative changes required to create the health care system of the future.

"The organizations that can best connect with patients will be the ones that win," Klasko said. "But how do we get there?"

Klasko believes that "getting there" will require taking a new look at how physicians are trained. That will require new partnerships and a new medical school curriculum.

"The medical school curriculum is based on a model from 1919," he said. "The way we teach medical students now is based on an antiquated model. The way we teach medical students in our school is we build health system competencies into their curriculum. Our patients teach our medical students, and every medical student gets a mentor and a personal coach to help them become an effective leader."

The move to team-based health care will also require a change in how physicians, nurses and other health care professionals are selected and educated. It will require a different view of non-physician providers.

"The physician who recognizes his or her role as a leader will challenge the status quo by influencing people, contributing to strategy and innovation, and by building trusting relationship while collaborating to produce innovative results," according to Klasko.

## Health Insurance Exchange Enrollment Bolstered by Hospital, Health Plan Efforts



Dave Snow, Attorney, Hall, Render, Killian, Heath & Lyman, P.C.; Joanne Alig, Senior VP, Policy and Research, WHA; Ed Harding, FACHE, President/CEO, Bay Area Medical Center, Marinette; Bob Van Meeteren; Jim Nelson, Director of Sales, Prevea360 Health Plan

The implementation of the health insurance exchange was anything but smooth, but with the help of Wisconsin hospitals, 140,000 people in Wisconsin signed up for coverage.

Speaking at the 2014 Wisconsin Rural Health Conference June 19, WHA Chair Ed Harding, president/CEO of Bay Area Medical Center (BAMC) in Marinette, said BAMC launched a community-wide effort to determine the most effective ways to build awareness of the exchange and to help people apply for coverage. Harding said BAMC had two certified application counselors supported by two customer service representatives who were prepared to help people enroll.

*(continued on page 7)*

## Continued from page 6 . . . Health Insurance Exchange Enrollment Bolstered by Hospital, Health Plan Efforts

At the local level, Harding said the BAMC marketing department developed communications materials and placed them throughout their facilities with a special emphasis to reach out to former Medicaid recipients and self-pay patients who may be transitioning to a different form of coverage. Harding said WHA's Enrollment Action Council was helpful at the state level.

Harding was joined on the panel by Jim Nelson, director of sales for Prevea360 Health Plan, and Dave Snow, attorney with Hall, Render, Killian, Heath & Lyman. Joanne Alig, WHA senior vice president, policy and research, moderated the discussion.

Wisconsin's exchange enrollment demographic information closely tracks with national statistics, according to Nelson. The exception was that a greater percentage of enrollees in the Prevea360 plan chose a silver plan, Nelson noted. Nelson also discussed the challenges faced by insurers, consumers and providers from last-minute policy and rule changes over the past several months.

Snow explained that premium assistance programs have been an ongoing issue between the Department of Health and Human Services and Congress and between insurers and providers. HHS has issued various letters and guidance since October 2013, trying to clarify their stance on the issue. Snow and his colleague Steve Hahn have written two guest columns in WHA's *Valued Voice* on this topic. For more information, see the most recent WHA guest column by Snow and Hahn at:

[www.wha.org/Data/Sites/1/pubarchive/valued\\_voice/WHA-Newsletter-3-21-2014.pdf](http://www.wha.org/Data/Sites/1/pubarchive/valued_voice/WHA-Newsletter-3-21-2014.pdf).

## Continued from page 1 . . . WHA Physician Leadership Council Holds First Meeting

"The creation of the WHA PLC recognizes the progression of our health care delivery system to a model where hospital and health system-employed or affiliated physicians and clinics are increasingly aligned and integrated with hospitals and other health care organizations," Borgerding said. "Given this evolution and the crucial role physician leaders play within our member organizations, it is only natural that these same leaders have a greater presence at the WHA table."

Borgerding said WHA members, primarily hospital and health system CEOs, have requested that the Association assume a greater role in not only physician leader development, but to also find ways to better engage physician leaders in identifying and crafting a proactive public policy agenda.

WHA Chief Medical Officer Chuck Shabino, MD, chaired the meeting, while Matthew Stanford, WHA vice president of policy & regulatory affairs, provided technical background. The topics discussed reflected the Council members' interest in key issues that affect health systems, such as:

- **Proposed Physician Health Program.** Representing Rogers Memorial Hospital, Mike Miller, MD, and Mary Panzer presented information to the Council on a proposal to recreate a statewide Wisconsin Physician Health Program that address provider behavioral and mental health issues. The Council intends to further discuss the proposal at its next meeting in September.
- **Interstate medical licensure issues.** Changes in the delivery and organization of health care, as well as workforce needs and the growing use of telemedicine, are driving new discussions of ways to streamline the medical licensing process for physicians who practice across state lines. Council members discussed with WHA staff efforts that WHA could pursue related to the interstate practice of medicine.
- **Telemedicine.** Advancements in technology and changes in how medicine is delivered and paid for are resulting in increased interest in the deployment and use of telemedicine. The Council discussed WHA planning efforts to identify the opportunities, challenges and barriers to broader deployment of telemedicine in health care.

"This meeting was the first formal WHA forum where hospital and health system senior physician leaders gathered to discuss policy issues that impact physicians within the context of their integrated systems," according to Shabino.

## Member News: Manas Elected to CHA Board of Trustees

Julie Manas, president/CEO, Sacred Heart Hospital, Eau Claire, and president/CEO, Western Wisconsin Division, Hospital Sisters Health System, has been elected to serve on the Board of Trustees of the Catholic Health Association of the United States (CHA) for a three-year term.

Manas began her roles at Sacred Heart Hospital and Hospital Sisters Health System in March 2012. She holds a bachelor's degree in family services from Iowa State University and a master's degree in hospital and health administration from the University of Iowa.



Julie Manas

CHA's board consists of 23 trustees who work together to develop CHA's strategic direction, ensure CHA's fidelity to its mission, steward CHA's resources and perform other governance activities to support and strengthen the Catholic health ministry in the United States.

## Political Action Fundraising Campaign Contributors

### Contributors ranging from \$1 to \$499

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Loftus, Philip	Aurora Health Care
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McDonald, Mary Beth	Aurora Health Care
McKevett, Timothy	Beloit Health System
Mohorek, Ronald	Ministry Health Care
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Nauman, Michael	Children's Hospital of Wisconsin
Norbin Killoran, Carrie	Aurora Health Care
Potts, Dennis	Aurora Health Care
Rakowski, Mark	Children's Hospital of Wisconsin
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Falvey, Patrick	Aurora Health Care
Francis, Jeff	Ministry Health Care
Frank, Jennifer	Wisconsin Hospital Association
Grasmick, Mary Kay	Wisconsin Hospital Association
Harding, Edward	Bay Area Medical Center
Herzog, Mark	Holy Family Memorial
Hilt, Monica	Ministry Saint Mary's Hospital
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Kief, Brian	Ministry Health Care
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Turkal, Nick	Aurora Health Care

### Contributors \$5,000 and above

Borgerding, Eric	Wisconsin Hospital Association
Brenton, Stephen	Wisconsin Hospital Association
Tyre, Scott	Capitol Navigators, Inc.

## **Continued from page 1 . . . WHA Responds to Release of Prelim Data on HAC Reduction Program**

Earlier this month, WHA Executive Vice President Eric Borgerding and Court, along with two hospital members, conducted a briefing on health care quality in the state capitol. A bipartisan group of Health Committee lawmakers encouraged their colleagues to attend the event, stating that “several recent reports and rankings have put Wisconsin in the national spotlight for having some of the highest quality health care in the country.”

The HAC program penalties take effect October 1, 2014. CMS says final data will be available August 1.

WHA members are encouraged to access their facility-specific quality-related reports that are produced and posted by WHA staff in the members-only section of WHA.org. If you haven't already done so, go to <http://members.wha.org> and register for an account.