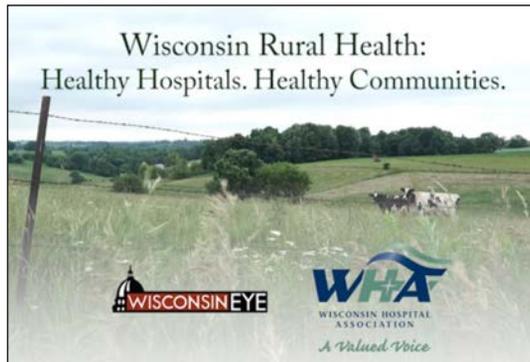


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## Wisconsin Rural Hospitals Support Essential Health Care Infrastructure Statewide *High-Quality, High-Value Health Care Close to Home* New WHA/WisconsinEye video highlights Wisconsin's rural health care delivery system



Access to high-quality health care close to home is one of the assets Wisconsin employers value and patients across the state appreciate. In fact, a recent study by financial firm Smart Assets (<https://smartasset.com/life-insurance/best-states-for-healthcare-access>) found Wisconsin is the sixth best state for health care access. For employers, that means employees can schedule routine medical appointments locally and reduce the amount of time they are off work.

"Wisconsin is known as a state with high quality health care, delivered by hospitals and health care systems that are the third most efficient in the country," according to WHA President/CEO Eric Borgerding. (See [www.wha.org/nr10-13-15-UW-WhitewaterEfficiencyStudy.aspx](http://www.wha.org/nr10-13-15-UW-WhitewaterEfficiencyStudy.aspx).)

"Quality. Access. Innovation. These are the hallmarks of Wisconsin's health care delivery system," Borgerding said. "To achieve and sustain that high level of clinical excellence requires a strong network of dedicated and highly skilled health care professionals and organizations dedicated to delivering a high standard of care to their patients statewide. And while we are doing very well on all accounts, we know we can always be better." *(continued on page 11)*

## The State of Health Care in Wisconsin: WHA, RWHC Share Rural Perspectives on Key Issues

One of the most anticipated education sessions at the annual Wisconsin Rural Health Conference held June 29-July 1 in Elkhart Lake, was the "State of Health Care in Wisconsin" co-presented by WHA President/CEO Eric Borgerding and Tim Size, executive director of the Rural Wisconsin Health Cooperative.

Borgerding and Size represent two associations that are long-time allies and strong advocates for Wisconsin's hospitals and health systems. Borgerding said first and foremost, WHA is an advocacy organization, guided by a membership survey every two years. In the broad survey, members identified their top issues as reimbursement, physician recruitment, and workforce-related issues. In June of this year, WHA polled rural health care leaders specifically, and some of the top issues were the same; however, telemedicine, broadband and perceptions of rural health care were also top-of-mind issues for WHA's rural members.



*Eric Borgerding and Tim Size*

"Our number one role at WHA is to identify and anticipate our members' challenges and then craft, act and most importantly, implement solutions to those challenges," Borgerding said. *(continued on page 2)*

## Continued from page 1 . . . The State of Health Care in Wisconsin: WHA, RWHC Share Rural Perspectives on Key Issues

On physician workforce, Borgerding described what he referred to as the “86 percent solution,” which was laid out in WHA’s 2011 Physician Workforce Report.

“We know if a Wisconsin student attends medical school and completes a residency here, there is an 86 percent chance they will practice medicine in Wisconsin,” he said. “We took that equation and tried to affect each of the components of the physician education process from a public policy perspective. It is a textbook approach to identifying a problem, creating a solution and getting it done.”

On that front, WHA successfully lobbied the Wisconsin Legislature to create grant funding for new and to expand existing residency programs. The programs are working well, he said. By 2021, Wisconsin will have 76 new medical residents who would not be there if WHA had not achieved this public policy solution.

Borgerding said WHA also was successful in the last legislative session in passing a package of bills related to behavioral health, including an inpatient psychiatric bed tracking system developed and now operationalized by the WHA Information Center (see *Valued Voice* story at [www.wha.org/pubarchive/valued\\_voice/WHA-Newsletter-7-1-2016.htm#3](http://www.wha.org/pubarchive/valued_voice/WHA-Newsletter-7-1-2016.htm#3)). Borgerding also noted all the WHA-supported bills passed and signed into law during the last legislative session were bipartisan.

“Good health care policy is bipartisan, and it is good politics,” Borgerding said.

Borgerding outlined several other examples of WHA’s successful advocacy efforts in the 2015-2016 legislative session that led to bills being passed and signed into law that:

- Addressed scope-of-practice issues related to advanced practice clinicians;
- Allowed Wisconsin to join the multi-state medical licensure compact; and,
- Modernized hospital regulations.

In the next legislative session, WHA will focus on proposing regulatory reforms that will jump-start and facilitate team-based care by removing barriers that impact, for example, Medicaid reimbursement.

Threats remain in Congress and in the Centers for Medicare and Medicaid Services (CMS) to Critical Access Hospitals (CAHs). Both RWHC and WHA have worked to educate Wisconsin’s Congressional Delegation on the importance of the CAH program to the vitality of rural communities.

### ***The Rural Path Forward: “Bigger is not better. Better is better.”***

Size said RWHC is focused on four goals, in addition to fighting Medicare cuts and working through the volume-to-value maze: Keeping local health care local, adding a rural perspective into the Triple Aim, making rural workforce a priority, and innovating based on traditional values.

Size illustrated the importance that rural health care providers have on the economy. “Business retention and relocation is influenced by the cost and quality of local health care,” according to Size. “Rural health has the same economic impact as export commodities such as milk, soybeans or rural manufactured goods because of its own ability to bring dollars and jobs into the community.”

On what he referred to as “network adequacy values,” Size said networks should ensure consumers have access to:

- “Historical patterns of care” and/or improved practices and standards of care in their communities;
- Transparency. Consumers must have the ability to determine which providers are in the network and are accepting new patients;
- Choice of insurers and providers; and,
- Affordable, cost effective health insurance.

*(continued on page 3)*

Lastly, Size said, statewide workforce shortages disproportionately hit rural Wisconsin, which creates a

## Continued from page 2 . . . The State of Health Care in Wisconsin: WHA, RWHC Share Rural Perspectives on Key Issues

need to expand rural graduate medical education and training opportunities and build on the advantage that rural has to engage physicians and other members of the health care team.

"There are many local benefits of training residents. It gives us an opportunity to 'grow our own' practice partners, it saves on costs associated with recruitment and onboarding of new physicians, and rural organizations can attract and retain physicians who enjoy teaching," according to Size. "Recruitment is important, but it is equally important that we reduce avoidable burnout."

### Political Action Spotlight

#### Wisconsin Hospitals State PAC & Conduit Top \$160,000

##### *Next contributor list in July 15 Valued Voice*

The Wisconsin Hospitals State PAC and Conduit surpassed the \$162,000 mark with contributions from 170 individuals to date. This puts the campaign at 54 percent of this year's aggressive \$300,000 goal.

Contribute today so you will be on the next contributor list, which will run in the July 15 *Valued Voice* newsletter. Contribute easily online at [www.whconduit.com](http://www.whconduit.com).

In this pivotal election year, remember that elections matter, and participation is important. Contribute to the Wisconsin Hospitals State PAC and Conduit because electing knowledgeable individuals who value Wisconsin's high-value, high-quality health care system is essential.

Contribute at [www.whconduit.com](http://www.whconduit.com) or by contacting Jenny Boese at 608-268-1816 or [jboese@wha.org](mailto:jboese@wha.org), or Nora Statsick at 608-239-4535 or [nstatsick@wha.org](mailto:nstatsick@wha.org).

## MCW Central Wisconsin Welcomes First Students at White Coat Ceremony

"The opening of a medical college is a rare and wonderful event," said Lisa Dodson, MD, dean of the Medical College of Wisconsin's new Central Wisconsin campus. Dodson made her remarks in addressing the college's very first class of 26 students at a ceremony in Wausau July 7.

As rare an event as this is, the Medical College of Wisconsin (MCW) Central Wisconsin campus is the second new medical school to open in Wisconsin this past year. The MCW-Green Bay campus opened its doors to 26 students in July 2015. John Raymond, Sr., MD, president/CEO of MCW, recognized the key findings of WHA's seminal physician workforce report, *"100 Physicians a Year: An Imperative for Wisconsin,"* as the beginning step toward the creation of the two new schools. The report found that 86 percent of physicians who attended medical school in Wisconsin and completed their residency in Wisconsin stayed in Wisconsin. Of the 26 students in the new Central Wisconsin class, 21 call Wisconsin home.



John Raymond, Sr., MD

Raymond noted that since the report's release in 2011, many stakeholders have worked aggressively to meet Wisconsin's physician workforce needs. Highlighted at the ceremony on July 7 was the

*(continued on page 4)*

## Continued from page 3 . . . MCW Central Wisconsin Welcomes First Students at White Coat Ceremony

collaboration of health systems in the Central Wisconsin area that often compete with one another but came together to accomplish a common goal that will have a lasting impact in the community. Ministry Saint Joseph's Hospital, Marshfield; Ministry Saint Clare's Hospital, Weston and the Aspirus Wausau Hospital formed new partnerships to help make the new college a reality in order to address the critical workforce needs in the region and the state.



*Student Kyle Olson getting a white coat at the ceremony*

The new students were welcomed at a "white coat" ceremony. The ceremony has become a tradition over the past 21 years where new students receive a short white coat upon entering medical school. The coats are funded by individual physicians to welcome their new colleagues to the profession. Joe Kerschner, MD, dean of the School of Medicine and executive vice president for MCW, said the white coat ceremony is just the start of "a journey ground in commitment... to integrity, humanism, and professionalism." Students were inspired to ensure they are patient-focused, maintaining respect and dignity for all patients they serve.

The new students were selected for the college by an expert admissions panel that included members of the surrounding community. Dodson reminded them that, "you were chosen by the community, by the very people you will serve." Students will participate in a three-year curriculum and, in a practice that is somewhat unique to the new schools, will begin hands-on clinical work within weeks. Students said they appreciate the support of the community and are excited to begin their work in the medical profession.

## CMS Releases Proposed FY 2017 OPPS Rule *HOPD implementation language, HCAHPS pain management questions*

The Centers for Medicare and Medicaid Services (CMS) released the anticipated FY 2017 proposed Outpatient Prospective Payment System (OPPS) rule July 6, 2016. The rule included expected implementation guidance addressing Section 603 of the Bipartisan Budget Act of 2015.

"The abrupt enactment of Section 603 late last year resulted in immediate, negative impacts, which has already necessitated the need for a legislative fix (HR 5273) for projects under development," said Wisconsin Hospital Association President/CEO Eric Borgerding. "If that wasn't enough, CMS is now exacerbating the problems by proposing implementation guidance that fails to allow current locations to be able to adjust and meet their local community needs."

Among the provisions in the proposed guidance, CMS would:

- Make the physician fee schedule (PFS) the applicable payment system for the payment rates for the majority of services furnished in what is considered "new" provider-based off-campus hospital outpatient departments (HOPDs). CMS also proposes to pay physicians furnishing services in these departments at the higher "nonfacility" PFS rate, and there would be no payment made directly to the hospital by Medicare.
- Establish that current off-campus provider-based departments could not expand their services into new clinical families of services. CMS indicates there are 19 clinical families of services.
- Remove current grandfathered status for off-campus provider-based HOPDs if they choose to relocate. (In other words, if a grandfathered HOPD relocated, then it would no longer be exempted from Section 603 and would be subject to the payment rates discussed in the first bullet point.)
- Allow current grandfathered HOPDs to remain grandfathered during a change in ownership if the new entity accepts the existing Medicare provider agreement from the prior owner.
- Allow services furnished in a dedicated Emergency Department to be exempt from payment reduction. The exemption would extend to both emergency and nonemergency services furnished.

*(continued on page 5)*

## Continued from page 4 . . . CMS Releases Proposed FY 2017 OPPS Rule

“The underlying law and this proposed guidance are woefully short-sighted with respect to our current multi-faceted, rapidly changing health care landscape,” said Borgerding. “Locking into place a care delivery system based on one specific day in time—November 2, 2015—is simply poor policy.”

The proposed rule also includes other changes under the OPPS:

- Several changes to the Medicare meaningful use program, including shortening the reporting period for 2016 from a full year to 90 days for all hospitals and physicians.
- Ceasing to use three pain management questions under the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS) in determining hospitals’ value-based purchasing (VBP) program scores. CMS proposes to stop using these questions to calculate VBP scores in 2018, but will continue to collect responses to the questions and will publicly report those results.
- Provide an update of 1.55 percent in 2017.
- Collapses several payment tiers for Partial Hospitalizations Program services into one rate.

WHA continues to further review the proposed rule and will submit comments to CMS by the comment deadline of September 6, 2016. Review the proposed FY 17 OPPS rule at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-16098.pdf>.

## ***Rich States, Poor States Report Ranks Wisconsin 9th in Economic Outlook Study shows work comp costs dropping as a percentage of overall payroll***

Earlier this year, the American Legislative Exchange Council (ALEC) released their 2016 *Rich States, Poor States* report evaluating the economic outlook for states based on 15 different metrics. For the first time since the report was created, Wisconsin ranked in the single digits—9th place overall for economic outlook among the states.

Wisconsin has moved up 23 spots since 2012, when the report projected that Wisconsin’s economic outlook was 32nd among all states. The report looks at factors such as income tax rates, corporate tax rates, the litigation environment and worker’s compensation costs to rank state economic outlooks.

One contributing factor to Wisconsin’s ranking is the state’s efficient and effective worker’s compensation system. According to the ALEC *Rich States, Poor States* reports, since 2011 the cost per \$100 in payroll for worker’s compensation has dropped from \$2.21 to \$1.92 in 2016—a 13 percent decrease. According to the study, Wisconsin’s Worker’s Compensation costs as a percentage of an employer’s payroll are currently at the lowest level since the study began in 2007.

For more information about the report, you can view or download a copy of *Rich States, Poor States* at <https://www.alec.org/app/uploads/2016/04/2016-ALEC-Rich-States-Poor-States-Rankings.pdf>.

## **New Position in WI Worker’s Comp Division to Focus on Workplace Safety**



Virginia Hartt

The Department of Workforce Development’s (DWD) Worker’s Compensation Division recently hired Virginia Hartt to a new position that will help employers improve their overall safety ratings. As the new safety and risk manager, Hartt will work with employers on education and outreach promoting safe workplaces.

Worker’s compensation medical prices have come under fire in recent years despite evidence that Wisconsin’s program has very positive outcomes and overall lower utilization and costs. In an interview with the *Milwaukee Daily Reporter* earlier this week, DWD officials indicated that even though they are reluctant to come down on one side or the other in the debate over medical costs in the worker’s compensation system, they would say that employers that reduce worker injuries and deaths will most likely pay less for worker’s comp. *(continued on page 6)*

## **Continued from page 5 . . . New Position in WI Worker's Comp Division to Focus on Workplace Safety**

"Our high-quality health care system is ready to take care of patients who are injured on the job, but the best way to reduce health care costs is to prevent injuries from happening in the first place," said Joanne Alig, WHA senior vice president of policy & research. "Prevention obviously leads to lower worker's compensation costs for employers, and workplace safety is an area that we know Wisconsin can improve upon," she added.

According to the U.S Bureau of Labor Statistics, in 2014 Wisconsin's overall incidence rate of nonfatal occupational injuries and illnesses was among the worst in the U.S. Wisconsin's overall incidence rate for private-sector employers was at 3.9 cases per 100 equivalent full-time workers in 2014, compared to 3.2 nationally. Wisconsin tied with three other states for the seventh worst rate in the country.

Despite its poor safety statistics, Wisconsin's worker's compensation program has a very strong record of performance, with fast return-to-work rates, low medical cost per claim, stable premiums over time, and overall cost per claim that is among the best in the country. In a press statement, DWD Secretary Ray Allen indicated that workplace safety is an area of emphasis in the program, and DWD is excited to have this new position to work directly with employers to further protect employees from injury.

## **DEADLINE CHANGED: Seeking Presentation Proposals for WCMEW and AHEC Conference Submission**

The Wisconsin Council on Medical Education and Workforce (WCMEW) and the Wisconsin Area Health Education Council (AHEC) are jointly planning a conference on Interprofessional Education and Clinical Practice, scheduled November 10 and 11 at the Madison Marriott West, Middleton, WI. The goals of the conference are to foster collaboration, innovation, and momentum around Interprofessional Education and Interprofessional Collaborative Practice in Wisconsin.

The conference seeks presentation proposals featuring best practices, showcasing theoretical models, highlighting evidence-based outcomes and lessons learned. Presentation sessions will be 45 minutes long with an additional 15 minutes for a question and answer session. Presentations should meet at least one of the conference objectives. Interprofessional teams of presenters are encouraged.

**For WCMEW, this conference will complement our efforts to explore and promote team-based care, while at the same time provide opportunities to dialogue with academicians working to further interprofessional education. The half-day session November 11 will allow for discussion and problem solving involving educators and clinicians.**

### **Conference Objectives:**

- Engage with colleagues practicing in health and education interested in IPE and IPCP.
- Develop and build on knowledge and skills across the spectrum of IPE and IPCP program development.
- Learn the current state of IPE and IPCP, theory-based best practices, and lessons learned in the field.
- Advance and sustain IPE and IPCP to facilitate effective and patient centered health care education and practice.

**The NEW deadline for submissions is August 5, 2016.** Submitters will be notified of the status of their proposals by August 15. Submit your proposal to George Quinn, WCMEW executive director, at [gquinn@wcmew.org](mailto:gquinn@wcmew.org). If you have questions, email Quinn or call 608-516-5189.

Conference registration information will be made available in the next several weeks.

## Grassroots Spotlight

### Children's Hospital of Wisconsin In Washington, D.C.



Avery Wilson isn't letting a rare genetic disorder slow him down. Along with his parents Jessica and Wayne, Avery was in Washington, D.C. recently to meet with members of Congress along with

Children's Hospital of Wisconsin.

While there, not only did Avery and his family have an opportunity to meet members of Congress (and give a "high five"), but they were able to demonstrate the importance of federal policies and programs, like Medicaid, that help ensure that millions of kids can be treated at the best pediatric hospitals in the country.

*Photo: Avery Wilson gives Congressman Sean Duffy a high five during their meeting in Washington, D.C.*



### HHS Says Pain Management Questions Will be Removed from HCAHPS Surveys

Citing a connection between an overprescribing of opioids and patient satisfaction surveys, HHS announces pain management questions will be removed from HCAHPS surveys.

Several physician and provider organizations as well as the American Hospital Association have suggested a link between Medicare payments to hospitals and the scores on the pain management questions on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), citing that patient expectations coupled with providers being incentivized to have satisfied patients results in the overprescribing of opioids. The Centers for Medicare and Medicaid Services is proposing to remove the HCAHPS survey pain management questions from the hospital payment scoring calculation, the agency said July 6.

Many clinicians report feeling pressure to overprescribe opioids because scores on the HCAHPS survey pain management questions are tied to Medicare payments to hospitals, CMS said. Wisconsin Hospital Association (WHA) identified opioid abuse and misuse as a key strategic initiative last year and the WHA Board unanimously passed a resolution to address the issue. WHA member feedback supported the link described above and WHA responded by providing a webinar entitled "HCAHPS, Patient Satisfaction & Opioid Prescribing: Debunking the Myths."

In the WHA webinar it was presented that payments have a limited connection to the pain management questions on the HCAHPS survey. Even though this connection is limited, CMS stated in order to mitigate even the perception of financial pressure to overprescribe opioids, it is proposing to remove the HCAHPS survey pain management questions from the hospital payment scoring calculation.

Hospitals can continue to use the questions to survey patients about their in-patient pain management experience, but these questions would not affect the level of payment hospitals receive. For further information contact Steven Rush, WHA vice president, workforce and clinical practice, at [srush@wha.org](mailto:srush@wha.org) or Kelly Court, WHA chief quality officer at [kcourt@wha.org](mailto:kcourt@wha.org) or 608-274-1820.

## Final Call for Nominations: 2016 Global Vision Community Partnership Award



Last call for submissions for the 2016 Global Vision Community Partnership Award, presented by the WHA Foundation. Honor one of your hospital's community health projects by submitting a nomination before the **due date of July 15**.



This competitive grant award is presented to a community health initiative that successfully addresses a documented community health need. The Award, launched by the WHA Foundation in 1993, seeks to recognize and support ongoing projects that support community health.

Any WHA hospital member can nominate a community health project. The project must have been in existence for a minimum of two years and must be a collaborative or partnership project that includes a WHA member hospital and an organization(s) within the community.

Nominations are due July 15, 2016. Nomination forms can be found on the WHA website at [www.wha.org/global-vision-comm-partnership.aspx](http://www.wha.org/global-vision-comm-partnership.aspx). For more information about the Award, contact Jennifer Frank at [jfrank@wha.org](mailto:jfrank@wha.org) or 608-274-1820.

### WHA Educational Opportunities

#### Hot Topics of EMTALA and DOL's OT Exemptions Focus of July Webinars

WHA is launching a monthly WHA Member Forum webinar series focused on current legal and regulatory hot topics. There is no fee for these webinars, which are intended for WHA hospital and corporate members as a member benefit, but pre-registration is required. The series includes a range of topics, each presented by a representative of a WHA corporate member law firm.

July features two topics in the series, including "A Practical Approach to Complying with EMTALA" July 13, and "Examining the DOL's Final White Collar Exemption Regulations" July 19. Registration is now open for these two July sessions, as well as all other sessions in the Legal and Regulatory Hot Topics Webinar Series, at <https://events.SignUp4.net/16LegalSeries>.

#### July 21 Webinar Highlights National Initiative to Eliminate Health Care Disparities

On July 21, WHA is offering a one-hour complimentary webinar to assist Wisconsin hospital members in learning more about the national initiative to eliminate health care disparities.

This webinar will be led by Tomás León, president and CEO of the Institute for Diversity in Health Management, an affiliate of the American Hospital Association. León will discuss the national effort, which is focused on increasing the collection and use of race, ethnicity and language preference data; increasing cultural competency training; and increasing diversity in governance and leadership. The webinar will include special consideration to equity in a rural setting.

This complimentary webinar is open to all WHA hospital and corporate members. An audio recording of the webinar will be available after the event, but you must register to receive the recording. This webinar will take place July 21 from 12:00-1:00 pm. More information and online registration are available at <https://events.SignUp4.net/16Equity0721>. For content questions, contact Kelly Court at [kcourt@wha.org](mailto:kcourt@wha.org). For registration questions, contact Kayla Chatterton at [kchatterton@wha.org](mailto:kchatterton@wha.org) or 608-274-1820.

## **WHA Workshop Focuses on Hospital Foundations**

“Prescription for Success: A Workshop for Hospital Foundations” is scheduled August 16 and hospital foundation directors and board members are encouraged to attend this popular annual event. This year’s workshop will be led by Lori Jacobwith, nationally-known communication and fundraising strategist.

Jacobwith, who is back by popular demand, will lead two interactive sessions. The first will focus on tools and techniques to cause donors to take action and increase their support to your organization. The second will focus on creating an environment where your board supports your fundraising efforts and increases its engagement in your foundation’s fundraising efforts. This year’s program will also include dedicated time for attendees to network with fellow hospital foundation leaders and board members, sharing successes, best practices and challenges.

With the partnership and support of the Wisconsin Office of Rural Health (WORH), the Wisconsin Hospital Association (WHA) and the Rural Wisconsin Health Cooperative (RWHC), this annual workshop is available at a minimal cost to hospital and hospital foundation staff.

The Hospital Foundation Workshop will be held Tuesday, August 16, at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. The day’s agenda and online registration are available at <http://events.SignUp4.net/Foundation16>.

## **Register Today for WHA Fall and Injury Prevention Practices Workshop**

Encourage your quality and nursing leaders to register a team today for WHA’s upcoming workshop, “Re-Energizing Fall and Injury Prevention Practices,” scheduled August 17 in Wisconsin Dells. The workshop, led by national fall and injury prevention expert Patricia Quigley, PhD, will focus on the state of science specific to fall and injury prevention, shifts in regulatory guidelines, and best practice approaches to fall risk and injury reduction. Registration is now open at <https://events.SignUp4.net/FallsInjuryPrevent0817>.

Hospital staff are encouraged to attend as a team, as attendees will engage in group commitment discussions of changes that can be made quickly and those requiring added infrastructure and capacity. In addition, post-acute providers who partner with hospitals, including staff from assisted living facilities, skilled nursing facilities and home health providers should consider attending this important event as well.

There is a minimal registration fee to attend this workshop, thanks to funding provided by the Wisconsin Office of Rural Health. For questions about the workshop’s content, contact Beth Dibbert at [bdibbert@wha.org](mailto:bdibbert@wha.org) or at 608-274-1820.

## **Flu Mist Option Not Recommended for 2016-17 Influenza Season**

### ***State residents strongly encouraged to get flu shot before season arrives***

The Centers for Disease Control and Protection (CDC) recently announced that the live attenuated influenza vaccine (LAIV), best known as nasal spray, or by the trade name Flu Mist, should not be used during the 2016-17 influenza season. The CDC’s Advisory Committee on Immunization Practices voted to recommend it not be used after data showed poor or relatively low effectiveness of the nasal spray from 2013 through 2016.

“While it is disappointing to see data suggesting that the nasal spray vaccine is not working as well as expected, we are pleased that flu shots did perform well last season,” said Wisconsin State Health Officer Karen McKeown. “We expect that there will be enough of the injectable vaccine available for the 2016-17 season so everyone 6 months and older can protect themselves and their loved ones against the flu.” *(continued on page 10)*

## Continued from page 9 . . . Flu Mist Option Not Recommended for 2016-17 Influenza Season

How well the flu vaccine works can range widely from season to season and can be affected by a number of factors, including the similarity between vaccine viruses and circulating viruses. The CDC conducts vaccine effectiveness studies each season to gauge the success of a vaccine in preventing the flu virus. Data on the effectiveness of the nasal spray among children ages 2-17 during the 2015-16 season found that no effective benefit from the LAIV could be measured. By comparison, data found the injectable vaccine to be very effective in preventing flu among children in this age group.

This change in recommendation underscores the importance of ongoing efforts to measure and evaluate the effectiveness of vaccines to ensure the public is optimally protected from health threats.

During the 2015-16 flu season in Wisconsin, there were approximately 1,800 hospitalizations of people with influenza. Although the start and end date of a flu season can vary, the 2015-16 season peaked in March of 2016.

Influenza vaccine recommendations for the 2016-17 flu season will be published by the CDC in late summer or early this fall.

## Member News: PAM Specialty Hospital Receives Respiratory Failure Certification

Post Acute Medical Specialty Hospital of Milwaukee (PAM) earned The Joint Commission's Gold Seal of Approval® for Respiratory Failure Certification. The Gold Seal of Approval® is a symbol of quality that reflects an organization's commitment to providing safe and effective patient care. It is only one of seven hospitals in the country to receive this certification. PAM Specialty Hospital of Milwaukee underwent a rigorous on-site review where Joint Commission experts evaluated compliance with national disease-specific care standards as well as with respiratory failure-specific requirements. Clinical practice guidelines and performance measures also were assessed.

### Fast Facts from the WHA Information Center

#### Be Safe in the Sun

The arrival of sunny days and warmer temperatures means summer fun will be in full swing. Too much sun, however, can be dangerous. Use sunscreen and wear a hat to help prevent overexposure. The Centers for Disease Control offers good advice: [www.cdc.gov/cancer/skin/basic\\_info/sun-safety.htm](http://www.cdc.gov/cancer/skin/basic_info/sun-safety.htm).

According to the WHA Information Center, there were 192 emergency room visits and 6 inpatient admissions to Wisconsin hospitals because of sunburn last July.

Enjoy the summer, but be safe in the sun!

*Data provided by the WHAIC ([www.whainfocenter.com](http://www.whainfocenter.com))*

*The WHA Information Center is dedicated to collecting, analyzing and disseminating complete, accurate and timely data and reports about charges, utilization, quality and efficiency provided by Wisconsin hospitals, ambulatory surgery centers and other health care providers.*



## Continued from page 1 . . . Wisconsin Rural Hospitals Support Essential Health Care Infrastructure Statewide

At the Wisconsin Rural Health Conference held in late June, health care leaders across the state gathered to learn how to navigate the changing reimbursement, and increasingly, consumer-driven health care environment. During the conference, the Wisconsin Hospital Association (WHA), in partnership with WisconsinEye ([www.wiseye.org](http://www.wiseye.org)), premiered a new video that highlighted the attributes of Wisconsin's rural health care system and featured several WHA members. The video can be viewed at: <https://youtu.be/qO3dATyDc0k>.

"We know delivering quality health care is important to our local employers and to the people of the communities that we serve," according to Michael Sanders, president/CEO, Monroe Clinic. "We also know in health care, bigger is not better—better is better."

Four rural Wisconsin hospitals were among the "Top 20 Critical Access Hospitals" recognized by the National Rural Health Association. A Critical Access Hospital is a small hospital that provides vital services in a community, which among others, includes maintaining an emergency department. Small, rural hospitals in Wisconsin provide essential infrastructure to the community that is an economic development asset.

"We create employment in our community, but beyond that, our employees and their children are involved in the community," said David Hartberg, CEO, Gundersen Boscobel Area Hospital. "Hospitals create an economic vitality."

The benefits of having a hospital in the community cannot be overstated, according to Tim Jacobson, economic development director, Boscobel.

"Having that close access to health care is tremendously important to people whether you are an employer trying to attract talent to your business and you want your employees to receive medical services in the community or if it's a local family," Jacobson said.

"Strong businesses, strong schools, strong health care equals a strong community—and that benefits us all," said Kyle Bakkum, CEO, Vernon Memorial Healthcare, Viroqua.

Charisse Oland, CEO, Rusk County Memorial Hospital in Ladysmith, attributes the close relationship between the rural hospital and the community to the quality and dedication of the people who choose to work in a rural health care setting.

"There are many unique and special qualities about Wisconsin rural communities, and primarily it is the workforce we have in our hospital that makes the difference," Oland said. "We want to create the type of place where employers want to locate and employees want to live, work and raise their families."

The relationship between those who work in a rural hospital with the people who live in the community is often close and can be traced back several generations.

"I've been in my role three years, and if you go way back, I was born in this hospital," Bakkum said. "So I take it personally because the people we are taking care of now, they took care of me growing up. So I really do take this personally."

WHA is sharing the video statewide with its members, legislators, the media, economic development organizations and other allied groups that have an interest in rural health issues.

Watch the video at: <https://youtu.be/qO3dATyDc0k>