WHA Partners for Patients Events Draw 300 Attendees to Learn, Plan, LEAD
Wisconsin hospitals set aim at raising bar on quality even higher in state

Wisconsin has a national reputation for delivering high quality care, but hospitals here have no intentions of resting on their laurels. More than 300 hospital quality professionals, nurses, physicians and executives gathered in Madison May 10 and in Eau Claire May 15 to participate in the launch of the WHA Partners for Patient initiative to learn how they can raise the standard for delivering higher quality, safer patient care in Wisconsin. Through their participation with the Centers for Medicare and Medicaid Services (CMS) national Partnership for Patients project with AHA and WHA, Wisconsin hospitals will have an opportunity to learn best practices in quality improvement from each other and from other hospitals around the nation. Likewise, other states will learn what Wisconsin is doing in quality improvement that keeps it near the top of quality rankings.

Speaking in Madison, Health Research & Educational Trust (HRET) President Maulik Joshi, Dr. P.H., was clearly impressed with Wisconsin’s results to date in the area of quality improvement, but he challenged the group to do more, faster. (continued on page 4)

Orlikoff and Morrison Keynote 2012 Rural Health Conference
June 27-29, The Osthoff Resort, Elkhart Lake

The 2012 Wisconsin Rural Health Conference will begin and end with a bang, featuring nationally-known health care governance and leadership expert Jamie Orlikoff as the opening keynote speaker on June 28, and internationally-known health care futurist Ian Morrison as the closing keynote speaker on June 29.

Kicking things off, Orlikoff will examine the challenges and opportunities confronting rural health care providers and emphasize practical strategies to keep executive leaders and trustees ahead of the demanding curve of change. He will also offer a breakout session focused on the changing role of the board, characteristics of best practice boards and practical techniques for making improvements to the board, as part of the conference’s popular governance education track.

Morrison will wrap up the conference by sharing his insight on the political, economic and strategic context of change in health care, discuss the possible scenarios rural health care leaders will face, and provide strategic insight on how rural organizations can flourish in the future as they work to improve the health of their communities, one patient at a time. (continued on page 2)
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As a reminder, hotel reservations need to be made by June 6 to ensure a reservation and the special conference group rate. Due to yearly events at Road America, it is very likely that no hotel rooms will be available to conference attendees after that date. It is recommended that you make your hotel reservations immediately to avoid problems.

This year’s conference is June 27-29 at The Osthoff Resort in Elkhart Lake. Online registration and full conference information are available at http://events.signUp4.com/12Rural.

WHA and WICD-10 Recommend One-Year Delay for ICD-10 Compliance Date

WHA and WICD-10 (the Wisconsin ICD-10 Partnership) responded to the Notice of Proposed Rulemaking (CMS-0040-P) on the Change to the Compliance Date for ICD-10 and recommended a one-year delay. This would change the compliance date from October 1, 2013 to October 1, 2014.

There were four alternatives outlined in the proposal which was published in the April 17 Federal Register. One of the alternatives the Department of Health and Human Services (HHS) is considering is to maintain the October 1, 2013 deadline. Many organizations in Wisconsin have made considerable investments based on the October 1, 2013 deadline; however, there are some providers, payers and vendors that have not even conducted an impact analysis. This leaves us in varied stages of preparedness and it is unlikely all stakeholders will be ready for implementation on the original compliance date. In the proposed rule, CMS estimates that 12-26 percent of providers will not be ready on October 1, 2013. This would cause many operational and cash flow issues with an estimated cost of $2-5 billion for manually processing returned claims alone.

The second option HHS is evaluating is to maintain the October 2013 compliance date for ICD-10-PCS (inpatient procedure coding) and delay the compliance date for ICD-10-CM diagnosis codes only. In our response to HHS, we stated a split implementation date would penalize hospitals and cause major confusion among payers and vendors.

Another alternative is to forgo ICD-10 and wait for the release of ICD-11. Of the four options, this one is noted to offer the least benefit. Since coding set versions needed in the United States would not be available until 2020-2022 at the earliest, we feel this is not a viable option. Waiting ten years to replace ICD-9-CM would seriously put at risk this country’s ability to assess quality and control health care costs. ICD-9-CM will be a 35-year-old coding system in 2014. If we wait for ICD-11, we will be using a classification system over 40 years old in a society that continually experiences new diseases and treatments.

The last option HHS outlined in the proposed rule is to mandate a uniform delay in the compliance date for ICD-10. Both a one-year and a two-year delay were evaluated. A one-year delay is estimated to cost commercial and government health plans approximately $6.5 billion, which is 10-30 percent of the overall costs already budgeted or spent for the transition. A two-year delay is projected to be twice that amount. A one-year extension minimizes the financial impact of the delay and minimizes the effect of the code set freeze that is underway to reduce the burden of the technical aspects of the transition. It was also noted in the proposed rule that anything more than a year “may signal a lack of HHS’ ICD-10 commitment, potentially engendering industry fear that there could be another delay in, or complete abandonment of, ICD-10 implementation, with subsequent heavy financial losses attributable to ICD-10 investments already made.”

If you have questions or comments on the proposed rule, contact Debbie Rickelman at drickelman@wha.org or 608-274-1820.
Health Reform: 24 Months Later...On the Brink

Just 24 months ago President Obama signed the Patient Protection and Affordable Care Act (PPACA), into law. Its critics termed it ObamaCare, a moniker that still resonates. The bill signing set the stage for what has been a continuing and vicious two-way battle that will likely define his presidency.

Now, two years later, the health reform law remains unpopular with most voters, is within six weeks of a potentially full-blown repeal ruling by the U.S. Supreme Court, and widely assumed to be a top tier issue in the November elections. Proponents see PPACA as the “crown jewel” of the Obama presidency. Opponents see ObamaCare proof positive of the President’s predilection for profligate spending and big government run amuck.

A Rasmussen Reports Poll of 1,000 likely voters on May 11 found 56 percent favoring full repeal of the law with 37 percent opposing repeal. While some Dems call Rasmussen a GOP leaning polling organization, the results are consistent with other polls and have remained almost constant for the past two years. While certain aspects of PPACA are hugely popular (the insurance reform provisions in particular), most voters view the law as an expensive, government command and control boondoggle. Importantly, PPACA opponents appear to be more intense in their views than are PPACA supporters, an ominous sign in the current political season.

The U.S. Supreme Court will cast a possibly fatal blow to PPACA on or about June 28. Most observers believe the court will strike down the “individual mandate” which is a necessary underpinning for certain insurance reforms and coverage provisions. Whether or not the remainder of the law, all 2,400 pages, will stand is anyone’s guess.

But even if parts or all of PPACA withstand the court’s decision, the law remains vulnerable given potential 2012 election scenarios, including a possible GOP “clean sweep” on November 6.

Absent a GOP mandate, the law’s seemingly irreversible unpopularity is likely to lead to massive revision by a new congress, possibly tied to an almost certain budget deficit reduction initiative that will almost certainly include Medicare payment and delivery reform. The most interesting question may be...what will PPACA/ObamaCare look like on its 3rd birthday?

Steve Brenton
President
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“When you look at quality indicators, Wisconsin is always at the top, which is fantastic,” Joshi said. “But when you look at the national rate of quality improvement, it is 2.5 percent per year. In other settings, it is much higher. We want to look at how we can speed this process up.”

Joshi said it takes 17 years to move evidence-based research from the bench to the bedside. While it is a challenge in every field, implementation of new practices in hospitals is especially complex.

“The goal of the Partnership for Patients is to reduce the time it takes us to implement evidence-based practices from years to a matter of months,” according to Joshi. “Wisconsin will contribute to and will lead what we are doing nationally to improve quality,” he added. (To watch a WHA interview with Maulik Joshi, go to http://youtu.be/zpZaKVn-3zY.)

Chris Goeschel, ScD, MPA, MPS, RN, FAAN, director, strategic development and research initiatives, the Armstrong Institute for Patient Safety and Quality, and assistant professor, Johns Hopkins School of Medicine, speaking in Eau Claire, challenged the hospital teams to improve the value of health care in their communities by raising quality and lowering costs.

“What would it be like in your community without a hospital?” Goeschel asked the audience. “Hospitals bring vitality to a community. Our future depends on us delivering the care that our patients deserve.”

Goeschel played a key role in establishing the Keystone Project in Michigan. That work gave her a unique appreciation for the role of small community hospitals and critical access hospitals in improving the quality of care in the nation.

“If we want to transform health care, it is the kind of people that I met here (in Wisconsin) today in the Heartland, in places that deliver the bulk of care in the country, that are at the heart of this work,” according to Goeschel. “Too often big projects have overlooked them, when in reality, our critical access hospitals and our small community hospitals provide care to the bulk of our citizens—our loved ones. They are crucial not only to embracing health care improvement but to achieving the health care transformation that everyone is calling for. We can’t do it without them. They need to know that. They save lives every day, and it is an honor to talk to them and remind them how important their role is.”

Both speakers emphasized the role that bedside caregivers have in identifying an area for improvement, but the challenge for some is engaging physicians and hospital leaders in the effort.

Bill Calhoun, president of Mercy Medical Center, attended the Madison event with his team from Oshkosh.

“Wisconsin hospitals’ senior leaders must unite to transform the way we deliver care, and Partners for Patients should be among our top strategic imperatives,” according to Calhoun.

As for the physician’s role, Mark Kehrberg, MD, senior vice president and chief medical officer for Affinity Health System, also in attendance at the Madison event, said physicians are critical to the success of WHA’s Partners for Patients. (continued on page 5)
“Physician engagement and leadership are essential in fostering an environment of improved quality. By their engagement, participation, support and contributions, physicians give validation to the work and goals of the entire quality team and make the success of the improvement effort and safe patient care much more likely,” Kehrberg said. “No quality team can be fully successful without the collaboration of all team members.”

Kelly Court, WHA chief quality officer, provided an overview of the project and reminded the group that the goal is a 40 percent reduction in hospital-acquired conditions, and a 20 percent drop in readmissions.

“My goal is to achieve the most amazing results in the country, but we won’t get there if we don’t set aggressive goals,” she said. “We have measurable, aggressive goals, and I know we can achieve them.”

WHA Board member Gordon Lewis, CEO at Burnett Medical Center, was impressed by the talent and enthusiasm of WHA’s quality team in presentations throughout the day.

“The Partners for Patients conference was well-led by Kelly Court, and it was inspiring for all in attendance,” Lewis said. “I am confident that the efforts of engaged health care leaders throughout Wisconsin, joining with WHA as partners for our patients, will result in Wisconsin serving as a national bellwether as a leader in health care quality and value.”
Caring to help those facing a loss

Reyna Jimenez and Berenice Carbajal were just seven and 10 years old when their grandmother died in 2007. Both girls – especially Reyna – were close to their grandmother, says Elba Carbajal, the girls’ mother.

Reyna and Berenice were having difficulty expressing their feelings about the loss of their grandmother. Elba saw that a Grief Relief program designed to support children and families grieving the loss of a loved one was being initiated, and contacted Sister Joyann Repp, the bereavement coordinator, for more information.

“Grief Relief’s mission is to provide a safe place where children, teens and their families can grieve openly, sharing their experience and moving through the grief process in a supportive environment of their peers,” Repp says.

Elba and her girls were some of the first participants in the program. Two years later, they still attend Grief Relief every Monday evening.

“My kids love going,” Elba says. “It’s helped me too. The more I talk about it, the less I cry.”

Agnesian HealthCare, Fond du Lac

Behavioral health within Affinity Medical Home

In search of creative local solutions to the national shortage of primary care physicians, and dedicated to finding a way to consistently improve both quality outcomes and patient satisfaction, Affinity Medical Group embarked on a journey to reform its existing primary care clinics into fully functioning medical homes. To assist in delivering holistic patient care, develop a team atmosphere and foster change management, a behavioral health care coordinator was included in the medical home team from its inception.

In February 2009, Affinity Medical Group (AMG) opened its doors to two Affinity Medical Home (AMH) pilot sites, one internal medicine (AMH-Koeller) and one family medicine (AMH-Kaukauna) including three physicians and three advanced practice nurse practitioners across the two sites. AMG is now in the process of rolling out the medical home model to all of its primary care clinics.

The AMH team consists of physicians partnered with advanced practice providers (APPs) such as APNPs or PAs, RN specialists who coordinate chronic disease management, patient service representatives, health care associates such as CMAs or LPNs and a behavioral health care coordinator (BHCC). To fill the BHCC role, each pilot site had its choice of a licensed clinical social worker, or PhD-trained psychologist. Both sites chose licensed clinical social workers on the premise they would be more cost-effective, while still being able to bill for the largest variety of patients in therapy, assist the team along the medical home journey and fill a more traditional social work role.

The Benefit of a BHCC for Patients

Behavioral health fits naturally as the AMH team strives to deliver personalized care. The AMH behavioral health program and the AMH team work in partnership with patients, their families, health care providers and other resources to provide evidence-based, personalized care. By using a collaborative and coordinated team, they optimize patients’ health and their ability to manage their illnesses.

Screening for mood disorders has become an AMH standard. All patients fill out a screening questionnaire during their preventive health visits starting at age 12. Mothers of newborns, who are medical home patients, are screened for postpartum depression during their infants’ two- and six-month well child visits. Patients who receive care from a physician
or APP within AMH and are diagnosed with a mental health disorder can be seen by the behavioral health specialist for therapy services based on the outcome of their initial diagnostic evaluation and personal goals.

For patients diagnosed with a mental health disorder with a depressive component, a protocol was developed by the BHCC and the AMH team to assist in improving follow-up care, meeting HEDIS standards and addressing the comfort level of non-behavioral health staff in assisting these patients. A structured telephone call is made to patients who are either prescribed a new anti-depressant or a dosage change to a current anti-depressant medication at one and three weeks after the addition or change was made. A follow-up office visit with the prescriber is scheduled at four weeks. The purpose of the calls is to monitor safety, provide positive reinforcement for self-management behaviors, reinforce education and identify and assist in addressing any barriers to meeting agreed upon goals set with the provider. Health care associates make these calls and forward the information to the providers for review. Questions and concerns can be addressed promptly and changes made before the next face-to-face appointment with the provider.

The BHCC also works in tandem with the RN specialist to help patients overcome barriers to care. This may include looking into financial or transportation resources, medication assistance, understanding insurance benefits, as well as home care, long-term care and disability referrals. They are also the AMH’s liaison to community resources and are trained to assist patients in developing advanced directives.

**Support for those who are grieving**

A Grief Support Group for people who are grieving the loss of a loved one was held Tuesdays for five consecutive weeks. The group is sponsored by Black River Memorial Hospital and is open to the public at no cost.

Material and information on the grieving process was shared with the participants. The group provided people who have lost a loved one the opportunity to meet with others who were experiencing the same loss and provided the tools to help people go through the grieving process.

Black River Memorial Hospital, Black River Falls

**Sacred Heart Hospital offers free grief support through The Healing Place**

“Don’t let fear make your decisions for you.” This phrase has been a touchstone for many people who have made their way through The Healing Place: A Center for Life’s Journeys. The Healing Place is Sacred Heart Hospital’s free grief and holistic healing center for individuals who have experienced a loss or are dealing with a major life transition.

When faced with one of the many different trials of life, help and hope can be found in The Healing Place for dealing with the issues of grief that accompany the death of a loved one, or a major life transition such as divorce/separation, illness, disability, job changes, military deployment, or retirement. Providing over $225,000 in services each year, The Healing Place continues to put those experiencing hardship first.

Life can surely present us with daunting scenarios, something which Dianne Rhein was all too familiar with. Dianne, who lost her father when she was just 25-years-old, experienced great loss while also fighting through her own health issues. It was during this time that Dianne found strength in The Healing Place. As a social worker who lost her sister to ovarian cancer in 2005 and went through the process of divorce the same year, Dianne could have easily succumbed to the pressures and grief that can occur during these times of struggle. However, Dianne did not give up. Instead, she found support and comfort in the services offered at The Healing Place.

The insights that Dianne obtained through The Healing Place’s divorce support group were very helpful for her during this difficult time. The Healing Place also offered Dianne great support in 2008 when her sister was diagnosed with cardiomyopathy, the same ailment that had taken their father years earlier. In the same year, Dianne also was diagnosed with metastatic appendix cancer, and to add to the stress of the situation, lost her long-time job. The chronic disease support group and the many classes on meditation, self-care skills, and one-on-one grief counseling have helped keep Dianne going through the tribulations of life.

The Healing Place provides professional counseling and grief support services to anyone in the greater Eau Claire area, free of charge, as a means for people to cope, while also offering strength for the road ahead. The compassion and expertise of The Healing Place staff is only a call away, and Dianne voices it for many others when she says, “I am blessed.”

Sacred Heart Hospital, Eau Claire

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