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WHA Public Policy Council Sets Focus on 2017 Legislative Agenda



WHA Council on Public Policy meeting, November 17, 2016. From left: Tim McKeveitt, chair; Kyle O'Brien; Joanne Alig; Nora Statsick; Heidi Selberg; Jeremy Levin; Mary Beth White-Jacobs.

Speculation on what will happen next in the health care policy arena is at a fever pitch, but WHA's priority in the wake of the state and national election results is clear: maintain the gains made in coverage.

At the WHA Public Policy Council meeting in Madison November 17, Joanne Alig, WHA senior vice president, policy and research, navigated the health care issues that will shape WHA's work and be incorporated into the Association's 2017 legislative agenda.

"WHA has a number of priorities on our plate now that are related to the evolving nature of health care, the continuum of care and the integrated nature of our work," Alig said. "Coverage is front and center when discussing Medicaid and the implications of changes in the insurance exchange."

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WHA Conference Draws More than 100 Emerging Health Care Leaders *What is important to health care consumers? Two experts share their views*

In today's highly competitive job market, it is imperative that our state attracts, retains and mentors the best and brightest to work with our hospitals and health systems to ensure Wisconsin retains its national reputation for innovative, high-quality health care.



The crowd at the emerging leaders conference November 16, 2016

On November 16, more than 100 Wisconsin hospital and health system "emerging leaders" gathered in Madison for a one-day learning event that featured Ryan Donohue, corporate director of program development with National Research Corporation, and Kristin Baird, a national expert in patient experience and service excellence.

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Ryan Donohue, Kristin Baird, Eric Borgerding

The conference started with a much-anticipated presentation by WHA President/CEO Eric Borgerding that gave participants an idea of how the state and federal election results could affect Wisconsin's health care delivery system.

Borgerding said while it is too soon to tell what changes will be made to the Affordable Care Act (ACA), maintaining the gains made in coverage at both the state and national level is critically important to Wisconsin health care providers.

"I would like to think there is a bipartisan solution because both parties want to see people have coverage," he said. "I think the question is what vehicle will deliver that outcome?"

There are 196,000 more people who have coverage in Wisconsin since the ACA went into effect, and a net increase of 62,000 enrollees in BadgerCare, most of whom were newly enrolled. In Wisconsin, 239,000 people selected coverage on the exchange in 2016; 200,000 of those received a subsidy.

"Obamacare will be difficult to unwind. It is intertwined in health care delivery and finance," Borgerding said.

As the debate over the future of health care in our country and state moves forward, Borgerding emphasized the importance of holding politicians accountable for their decisions. As a leading advocacy organization, WHA's top priority is advocating on behalf of the hospital and integrated health systems in Wisconsin.

"We have to analyze the data to determine the impact that decisions our politicians are considering will have on our high-quality, high-value health care delivery system here," Borgerding said. "Advocacy at all levels has never been more important to our future and to the health of our citizens."

Seth Teigen, regional vice president of ancillary services, SSM Health-Wisconsin and ACHE Wisconsin Chapter president, encouraged attendees to meet with legislators and members of Congress and invite them to come into their organizations to learn about local health care.



Seth Teigen and Eric Borgerding

"The health care landscape is rapidly changing, and that impacts the direction of your future in this industry," Teigen said. "You can speak up for your organization, but more importantly, by being involved in advocacy at both the state and federal level, you are speaking up for your patients and those who live in your community. You become their voice."

Donahue, a thought leader in the realm of health care consumerism, said consumers want a navigator to help them through the "health care maze" during what he calls their "health care journey." Consumers are looking for personalized care, and Donahue said telemedicine could be the "return of the house call."

Culture shapes the patient experience and drives satisfaction scores, according to Baird.

"Every day in health care in our state there are literally thousands of 'moments of truth,'" according to Baird. "We want them to be positive. We want our patient stories to be part of our brand so when they hear the name of your organization, a positive story comes into mind. It takes conscious effort to live that brand promise with every customer every day."

This was the second year WHA has partnered with the Wisconsin Forum for Healthcare Strategy to create an opportunity for health care leaders to network and learn together.

New CME Requirements on MEB Opioid Prescribing Guidelines Now Effective ***2 of 30 CME hours must include approved opioid courses through 2020***

On November 10, 2016, the Wisconsin Medical Examining Board's (MEB) emergency rule relating to continuing medical education (CME) on its opioid prescribing guideline became effective. In summary:

- For medical licensure renewals occurring in 2017 or 2018, a minimum of 2 of the 30 hours of the physician's continuing medical education must be an MEB approved course or program relating to the MEB's opioid prescribing guideline issued in July 2016.
- For medical licensure renewals occurring in 2019 or 2020, a minimum of 2 of the 30 hours of the physician's continuing medical education must be an MEB approved course or program relating to the MEB's opioid prescribing guideline issued in July 2016.
- Physicians will be able to find a list of MEB approved courses on its opioid prescribing guideline here: <http://dsps.wi.gov/LicensesPermitsRegistrations/Credentialing-Division-Home-Page/Health-Professions/Physician/Physician-Continuing-Education/>
- The new CME requirement does not apply to physicians who do not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances.
- The rule does not require the special education on opioid prescribing for renewals after 2020; however, the MEB has discretion to extend the requirement beyond 2020 through rulemaking in the future.

"There is an opioid abuse crisis in Wisconsin, and through its guideline and targeted CME rule the Medical Examining Board is taking steps to help ensure that Wisconsin physicians have access to up-to-date education on evolving opioid prescribing," said Charles Shabino, MD, WHA chief medical officer. "Though the MEB's action to require topic-specific education is unprecedented, WHA is pleased to see that the MEB has chosen not to make this crisis-focused education a permanent requirement."

The MEB's opioid prescribing guideline can be found here: http://dsps.wi.gov/Documents/Board%20Services/Other%20Resources/MEB/MEB_Guidelines_v3.pdf.

Additional information about the MEB emergency rule can be found at: www.wha.org/data/sites/1/pdf/2016MEB_CMEREquirement11-14.pdf. The text of the new emergency rule can be found here: http://dsps.wi.gov/Documents/Board%20Services/Rulemaking/Med_13_PHD.pdf.

Registration Open for WHA Physician Leadership Development Conference ***March 10-11, 2017 in Kohler***

Take advantage of the early bird discount and register today for WHA's Physician Leadership Development Conference, March 10-11, 2017, at The American Club in Kohler. The early bird discount is available to those who register by January 15.

This year's conference will include a full day with Kevin O'Connor focusing on the skills needed to elicit connection, communication and cooperation from fellow medical professionals in a session titled "Emotional Intelligence: The Final Frontier." In addition, a half-day discussion led by Jennifer Grebenschikoff will focus on the physician leader's role in strategic physician recruitment and retention. Continuing medical education credits are available again this year.

Complete information on this year's conference and online registration are available at www.wha.org or directly at <http://www.cvent.com/d/nvq2w6>.

For registration questions, contact Kayla Chatterton at kchatterton@wha.org or 608-274-1820.

Be Involved—Join a WHA Council or Committee

WHA is currently soliciting appointment requests from WHA members to participate in WHA councils and subcommittees. Now is your opportunity to participate on the councils that are at the forefront of identifying key policy issues for the membership and making recommendations on positions to the WHA Board.

There are six councils and one committee for which we are looking for member participation:

- Advocacy Committee
- Council on Finance and Payment
- Council on Medical and Professional Affairs
- Council on Public Policy
- Council on Rural Health
- Council on Workforce Development
- WHA Physician Leadership Council

Additional information including council responsibilities and current member information is located at www.wha.org/Data/Sites/1/aboutwha/WHAcouncilResponsibilities10-20-16.pdf. To be considered for a council or committee, sign up online at <https://www.surveymonkey.com/r/WGLXJ2H>. Questions can be directed to Sherry Collins at scollins@wha.org or 608-274-1820.

MEB Approves Final Telemedicine Rule Language

The Wisconsin Medical Examining Board (MEB) approved the final draft of MED 24, the newly-created rule that defines and oversees the practice of medicine via a telemedicine platform at the Board's November 16 meeting. The Wisconsin Hospital Association (WHA) and the WHA Telemedicine Taskforce have been very involved in this rulemaking process for several months, as the initial rule draft language was deemed as too restrictive and too prescriptive by WHA.

As previously reported in *The Valued Voice* (see www.wha.org/pubarchive/valued_voice/WHA-Newsletter-1-22-2016.htm#2), WHA took a lead role in crafting multiple revisions over several months. The final draft approved by the MEB is significantly streamlined and is supported by many important stakeholders including WHA, Wisconsin Medical Society, Rural Wisconsin Health Cooperative, as well as WHA's Telemedicine Taskforce, which includes representation from multiple Wisconsin hospitals and health systems.

MED 24 will now follow the standard rulemaking process including review by the Governor's office, as well as Joint Committee for Review of Administrative Rules (JCRAR). The remaining rulemaking process typically takes several months, and therefore MED 24 could potentially go into effect the first or second quarter of 2017.

For more information, contact Steven Rush, WHA vice president, workforce and clinical practice, at srush@wha.org or 608-274-1820.

The final draft of MED 24 is available at http://dsps.wi.gov/Documents/Board%20Services/Agenda%20Materials/Medical/2016/20161116_MED_Open_Session_1.pdf.

Grassroots Spotlight

SSM Health St. Clare Hosts Sen. Erpenbach *HEAT Roundtable focuses on Medicaid, rural health, workforce*



On November 14, SSM Health St. Clare Hospital, Baraboo, hosted a WHA HEAT Roundtable discussion with state Sen. Jon Erpenbach. Roughly a dozen health care leaders attended and discussed key issues with the Senator, including the importance of Medicaid's Disproportionate Share Hospital program and rural health care initiatives. Additionally, the group discussed workforce-related issues, such as graduate medical education as well as telehealth.



Sen. Erpenbach, second from right in front row, with area hospital leaders at WHA's HEAT Roundtable discussion hosted by SSM Health St. Clare Hospital, Baraboo.

After the meeting, SSM Health St. Clare Hospital President Laura Jelle provided Sen. Erpenbach with a tour of the facility.

WHA Member Forum: Post-Election Analysis

Thursday, December 1, 2016

12:00 pm – 1:00 pm

To register: <https://events.signup4.net/16Post-ElecAnalysis-1201>

Join WHA for this analysis of the recent federal and state elections, including an examination of the new make-up of the state Legislature and how it relates to issues affecting health care. This webinar will also examine the potential elements of an ACA "repair and replace" agenda, including specific impacts in Wisconsin and aspects WHA will be closely monitoring.

Pre-registration is required for this complimentary webinar and is limited to WHA hospital and corporate members only.

This webinar will NOT be recorded. Please plan to participate in the live presentation.

Mercyhealth Board Member McClellan Receives 2016 WHA Trustee Award

Longtime Mercyhealth Board Chairman Rowland “Rollie” McClellan is the recipient of the 2016 Wisconsin Hospital Association (WHA) Trustee Award. The annual award goes to a health care trustee that has made an exemplary commitment to the community.

In 1971, McClellan joined the Mercy Hospital Board of Directors. The then-struggling, single-location hospital had just begun operating under a community board. In 1983, he was elected chair of the Board of Directors, a role he continues today after 45 years. Under McClellan’s guidance, Mercyhealth grew from a small, struggling hospital into a thriving, nationally recognized vertically integrated system serving more than 1.2 million patients annually.



Javon Bea, Rollie McClellan, Eric Borgerding

WHA President/CEO Eric Borgerding presented the award to McClellan November 15 at the Mercyhealth community board meeting on the Mercyhealth Campus in Janesville.

“Wisconsin has a reputation for delivering some of the highest quality, safest care in the country. I believe we can thank people like Rollie McClellan for helping us achieve that status through his service not only on the Board, but for his commitment to ensuring that our residents have access to great care in their local community.” said Borgerding.

“Rollie is a man of intelligence, loyalty and compassion. His vision has been a guiding light for Mercyhealth,” said Javon R. Bea, President and CEO of Mercyhealth, who nominated him for the award. “I have had the pleasure of working side-by-side with Rollie for nearly 30 years. It is remarkable to think about the guidance and leadership Rollie has given this organization through all the years of growth and economic change. His passion and commitment to improving the health and well-being of patients in southern Wisconsin and northern Illinois is unparalleled, and we would like to thank him for his many years of service.”

WHA Foundation Campaign Supports Health Care Quality, Workforce Initiatives

Each year, the WHA Foundation supports a variety of initiatives that have statewide impact on health care in the areas of workforce development, quality improvement and community collaboration. In 2016, those initiatives included scholarships for hospital teams to participate in clinical OB simulation training, support for another cohort of the Transforming Care at the Bedside (TCAB) initiative, and scholarships to technical college students completing two-year, health care-related degrees.



In order to continue supporting initiatives like these and others in 2017, the WHA Foundation has officially kicked off its annual fundraising campaign, asking WHA hospital and corporate members to consider supporting the WHA Foundation by making a contribution before the end of 2016.

Funds raised in the current campaign will be used to continue some of its most successful initiatives, including additional simulation training scholarships, the Global Vision Community Partnership Awards and the annual technical college scholarships to graduating students in health-related programs. Your contributions will also give the Foundation the opportunity to consider new initiatives for funding in 2017.

A contribution form is included in this week’s packet for anyone who would like to make an individual contribution or one on behalf of your organization. For more information on the WHA Foundation’s annual fundraising campaign, contact Jennifer Frank at 608-274-1820 or at jfrank@wha.org.

Clinical Integration Strategies in Changing Payer Environment, Dec. 6 Webinar

On December 6, WHA's Legal & Regulatory Webinar Series will feature "Clinical Integration Strategies in a Changing Payer Environment," presented by Sarah Coyne and Jon Kammerzelt of Quarles & Brady LLP, a WHA silver-level corporate member.

This presentation will address the legal framework incenting clinical integration, the legal hurdles that face networks attempting to demonstrate clinical integration and practical strategies for surmounting those hurdles. In addition, the Medicare Shared Savings Program (MSSP) requirements applicable to Accountable Care Organizations and the benefits of acceptance into the MSSP program, including deeming and waivers, will be discussed.

Online registration for this session, as well as all other sessions scheduled as part of the Legal & Regulatory webinar series, can be found at <https://events.SignUp4.net/16LegalSeries>. There is no registration fee for webinars in this series for hospital and corporate members, but pre-registration is required.

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First and foremost in coverage discussions is ensuring Wisconsin does not move backward on the reduction in the uninsured. Wisconsin has one of the lowest uninsured rates in the country and lower than many states that took the Medicaid expansion. Alig said the day after the election saw the highest number of sign-ups for coverage on the exchange since its inception. Obamacare will be difficult to unwind, a theme often repeated at WHA since November 8.



WHA Council on Public Policy members, from left: Andrew Hanus, Peter Kammer, Mike Decker, Tim Size and Connie Schulze.

Alig said there has been a 38 percent reduction in uncompensated care in Wisconsin, which has had a positive impact on hospital reimbursement. However, there was an increase in the Medicaid shortfall, from \$800 million to over \$1 billion from 2014 to 2015.

"We know expanding coverage is a bipartisan aim, but the question is how or if it can be sustained," she said. "We think about the subsidies that people are receiving that make coverage affordable, and we have to think about how that will be replaced."

Alig said the plan put forward by Congressman Paul Ryan and the GOP this past summer included replacing the current exchange with a private exchange for both the employer and individual market. Under the plan, the current subsidy system would be replaced with age-based tax credits, which would not be tied to purchasing insurance on an exchange.

The plan put forward by Ryan would give the states the authority to set insurance underwriting rules and set minimum benefits, just one element of the Ryan plan that Alig covered in her presentation. Others included the possible phase out of the Centers for Medicare and Medicaid Innovation, which is an incubator for payment reform, and changes to or the replacement of MACRA.

WHA Begins to Lay the Framework for 2017 Legislative Agenda

Alig said the Department of Health Services (DHS) projects the Medicaid budget to be around \$11 billion (all funds) in each of the next two years, about \$3.5 billion in state GPR dollars each year. Medicaid cost-to-continue for the 2017-2019 biennium will require an additional \$450 million state GPR. Funding for the disproportionate share hospital programs is included in the DHS budget. *(continued on page 8)*

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WHA General Counsel Matthew Stanford provided an overview of a WHA-developed package of reforms to Wisconsin's various non-physician licensure laws that can help WHA's members further advance emerging integrated and team-based models of care. Stanford reviewed member input provided thus far in the development of the package and next steps for a strategy to introduce and pass legislation in 2017.

"WHA's members continue to develop new integrated and team-based models of care that utilize non-physician health care professionals in ways that leverage those professionals' expertise in a team-based care setting," said Stanford. "Although models of care are evolving, practice rules and laws have not always kept pace with the evolution of the care team."

Stanford also discussed WHA plans in 2017 to introduce emergency detention reforms developed late in the last legislative session to address issues identified in a Wisconsin Attorney General opinion released in late 2015.

The Governor's Task Force on Opioid Abuse

The Governor's Task Force on Opioid Abuse held its first of three meetings October 28 at the Aurora BayCare Sports Medicine Complex in Green Bay. Joan Coffman, president/CEO of HSHS St. Joseph's Hospital in Chippewa Falls is serving as WHA's representative to the Task Force.

Stanford said the focus needs to be on access to treatment, a sentiment echoed by others on the Task Force. (See article in November 4 *Valued Voice*: www.wha.org/pubarchive/valued_voice/WHA-Newsletter-11-4-2016.htm#10.)

WHA Begins Work on Post-Acute Care Agenda

Laura Leitch, an attorney working with WHA, reminded the Council that because readmission penalties, bundled payments and population health initiatives are resulting in hospitals' financial health becoming increasingly tied to their ability to provide or locate appropriate post-discharge care, WHA is exploring how it can help hospitals and health systems address their post-discharge challenges. Leitch presented a member survey that will help define the Association's post-acute care focus and discussed next steps aimed at developing policy initiatives that will improve the ability of hospitals and systems to provide or locate post-acute care for their patients.

CMS Finalizes OPSS Rule, Issues Remain

Jenny Boese, WHA vice president, federal affairs and advocacy, reported that the Centers for Medicare & Medicaid Services (CMS) released the final 2017 Outpatient Prospective Payment System (OPSS) rule November 1, 2016, including implementation of Section 603 of the Bipartisan Budget Act of 2015 (BBA 2015) related to off-campus, provider-based hospital outpatient departments (HOPDs). Boese provided a detailed look at the final rule, including reimbursement changes, grandfathered status, relocations and various other impacts. She also discussed WHA's continued efforts to address HOPDs caught "mid-build." Boese indicated fixing the mid-build issue legislatively is a priority for WHA during the remainder of 2016 and that WHA would be in Washington, DC again on December 6 on this issue. She also provided the Council with a look at the Congressional "lame duck" session and issues on the horizon in 2017.