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WHA Leaders Discuss ACA Changes with Speaker Ryan



From left: Eric Borgerding, Therese Pandl, Speaker Ryan, Mike Wallace, Bob Van Meeteren

On December 12, a delegation of WHA leaders met with House Speaker Paul Ryan at his district office in Janesville to discuss key issues related to the potential replacement of Obamacare. WHA 2016 Board Chair Mike Wallace, Past Chair Therese Pandl and Chair-elect Bob Van Meeteren joined WHA President/CEO Eric Borgerding to share their views with Ryan.

“Given the initial stages we are in, and uncertainty with many elements of changing the ACA, I thought it was an excellent discussion,” said Borgerding. “There are many questions, and a fair amount of angst, that are universal to hospitals, health systems, physicians and providers across the country, and then there are

issues that are more unique to states like Wisconsin. Speaker Ryan has to keep an ear to both levels, and we were able to have that multi-levelled conversation.”

Topics discussed included coverage expansion in Wisconsin, various aspects of Medicaid and the pace and implementation of changes to the ACA and ongoing communication.

“It was a great opportunity to bring a ground level, Wisconsin perspective to these monumental issues,” Wallace said. “I speak for all WHA members in expressing our gratitude to Speaker Ryan for the opportunity to have this important discussion, the first of many dialogues.”

Walker Discusses ACA Replacement with WHA Board

Governor affirms his support for WHA’s top priorities: Medicaid DSH, GME, workforce



Gov. Scott Walker speaking at the WHA Board meeting Dec. 15, 2016

Gov. Scott Walker is looking to do things differently in Wisconsin, and that includes how the Medicaid program is funded and operated. Speaking at the December 15 WHA Board meeting in Madison, Walker asked WHA members for their assistance in designing a program that works for the people of Wisconsin and for providers.

“That is part of the challenge as we go forward. Help us think about things from the frontlines on how we would do this, but don’t think about it within the confines of this is how we have always done it,” Walker said, “Let’s not limit ourselves. Let’s think big. Let’s ask for the moon or we won’t even get a sliver. Let’s dream big on reforms on Medicaid and how we go about doing that. It will be a big step forward from where we are now.”

In introducing the Governor, WHA President/CEO Eric Borgerding noted the long record of partnership between the Walker Administration and WHA and its importance today.

(continued on page 6)

New WHA MACRA Physician-Focused Education Video Now Available

As a direct result of input from WHA's Physician Leaders Council, WHA has developed a brief high-level video targeted at an audience of staff physicians that our members' physician leaders can show in departmental staff meetings, etc., to help educate their physicians in advance of and during their organizations' implementation of MACRA.

The video can be found here: <https://www.youtube.com/watch?v=zKAvKDy2tIY&feature=youtu.be>. The video features WHA's incoming 2017 physician leader representatives on the WHA Board of Directors—Andy Anderson, MD and Mark Thompson, MD.

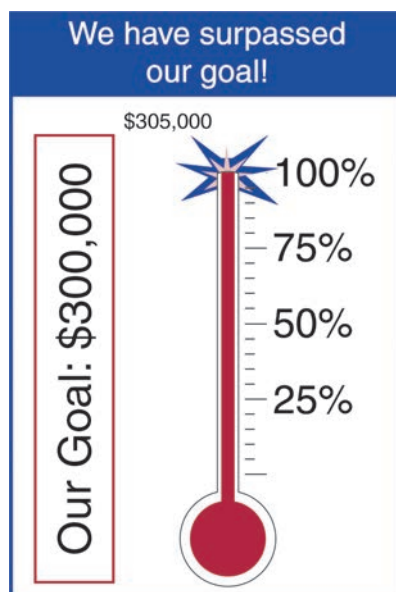
MACRA has been a significant focus of WHA in 2016, both advocating for flexibility in CMS MACRA rulemaking and providing education to members on this significant change to how Medicare reimburses physicians. WHA also knows that as our members begin to implement MACRA-driven changes in 2017 they will face challenges in helping to educate and explain MACRA to their physicians. The goal of the new WHA video is to provide an additional resource to our members and their physician leaders to help them meet those challenges.

Additional resources on MACRA are also available on the MACRA section of WHA's website, including two webinars provided in August and November. The MACRA section of WHA's website can be found at www.wha.org/macra.aspx.

For more information about the new video, contact Matthew Stanford, WHA general counsel, at mstanford@wha.org or Chuck Shabino, MD, WHA chief medical officer, at cshabino@wha.org or call WHA at 608-274-1820.

Political Action Spotlight

Wisconsin Hospitals State PAC & Conduit Shatters 2016 Fundraising Goal *\$305,000 contributed by 353 individuals, full contributor list follows*



Shortly after the November elections, the Wisconsin Hospitals State PAC & Conduit surpassed its aggressive 2016 fundraising goal of raising \$300,000. But even then more contributions continued to come in. All total in 2016, the campaign raised \$305,000 from 353 individuals. This is the largest amount raised in the history of the Wisconsin Hospitals State PAC & Conduit.

"This is a tremendous achievement, and it is to be celebrated," said WHA Advocacy Committee Chair Therese Pandl. "Thank you to the 353 individual donors who saw the importance of supporting candidates for office who value the role of hospitals and health systems in Wisconsin. Your support and generosity is to be commended and helps keep health care strong in Wisconsin!"

While the campaign's 2016 fundraising goal of \$300,000, a 10 percent increase over 2015, the campaign actually came in at 12.5 percent over last year. The 2016 Wisconsin Hospitals State PAC & Conduit campaign saw 80 new contributors join the effort this year.

The average contribution in 2016 was \$864. On average, \$6,000 was contributed each week!

"Thank you, again, to all the contributors who understood that elections matter and that participation in those elections is essential," said WHA President/CEO Eric Borgerding. "I would like to also thank those contributors who gave at one of the three donor recognition levels, which begin at \$1,500. I am grateful for your leadership and your commitment to this important program."

See the list of contributors on pages 9-10.

Group Insurance Board Delays Decision on Self Funding/Regionalization Model

On December 13, the Group Insurance Board (GIB) met to deliberate again on whether to move forward with a self-funded model for the state employee health care program, but again delayed making a decision on the program structure.

To recap, the GIB last met on November 30, mostly in a session that was closed to the public, to deliberate on the responses to a request for proposals (RFP) on a data warehouse vendor and on the RFP responses to its self-funding proposal. At the November 30 meeting, part of the discussion involved a regional fully-insured model as an alternative to self funding. (See *The Valued Voice* article at www.wha.org/Data/Sites/1/pubarchive/valued_voice/WHA-Newsletter-12-2-2016.htm#1.)

At the December 13 GIB meeting, Department of Employee Trust Funds (ETF) staff elaborated on the options for restructuring the state employee group health care program and offered seven possible scenarios for the GIB's consideration during another closed session meeting. The scenarios are described in more detail in a memo dated December 8 (available at www.wha.org/pdf/ETFReport12-8-16.pdf).

The December 8 memo indicates the results of the RFP process for seeking a vendor to implement self funding yielded a potential for "significant" cost savings. However, ETF has not provided the public with an estimate of what those savings might be.

Despite not revealing a cost savings target, the ETF memo lays out seven options for the GIB's consideration. The seven include: one model similar to the current fully-insured model with as many as 16 vendors participating; two other fully-insured regional models with fewer health plans participating; two hybrid models involving regional self funding and regional fully-insured options; one regional self-funded model; and one statewide self-funded model. The ETF memo indicates that neither ETF nor their consultant recommends the statewide self-funded model.

All of the scenarios would have ETF establishing the premium level, rather than negotiating the premium level as they do today. The premium level according to ETF would be set so that GIB can achieve the same level of savings as they might under a self-funding arrangement. Any plan not able to achieve those premium levels would likely no longer participate. ETF notes in the memo that another alternative is for the GIB to direct ETF to pursue a fully-insured strategy but move to a self-funded strategy if plans appear unwilling to participate in the fully-insured option.

Any model that involves self funding would trigger a review by the Joint Finance Committee before a contract could be finalized. Other models could be approved by the GIB and implemented by ETF under their current statutory authority. The Group Insurance Board is expected to reconvene again in January to continue its deliberations.

Grassroots Spotlight

Hospital Members Meet with Senator Luther Olsen, Sen.-elect Patrick Testin

In the closing weeks of 2016, hospital members met with Sen. Luther Olsen at Ripon Medical Center and newly elected Senator-elect Patrick Testin at Ministry St. Michael's Hospital in Stevens Point to gain support for Medicaid and other budget initiatives



Senator-elect Pat Testin (second from right, front row) joins hospital leaders from Ascension and Aspirus at Ministry St Michael's Hospital in Stevens Point to discuss Medicaid and other issues facing rural health care.

WHA will be pursuing in the next legislative session. These initiatives include investments to strengthen the health care workforce through the Rural Wisconsin Initiative, a proposal put forward by several members of the state Assembly to bolster rural communities in Wisconsin.



HEAT Roundtables have now been held in 10 Senate districts throughout the state. Pictured are hospital leaders from Ascension-Wisconsin and Aspirus meeting with Senator-elect Pat Testin at St. Michael's Hospital.

IPFCF Board Votes to Reduce Assessments by 30 Percent

Balanced tort environment key to addressing WI's MD shortages

The Injured Patients and Families Compensation Fund ("Fund") Board approved at its December meeting a 30 percent reduction in Fund assessments on health care providers for the upcoming year. This is the fifth reduction in Fund fees over the past five years.

In 2016, the Wisconsin Council on Medical Education and Workforce, Inc. (WCMEW) produced a report focusing on current and future physician supply in Wisconsin and policy implications and recommendations to help ensure Wisconsin's physician workforce supply can meet Wisconsin's patient demand. Maintaining a balanced medical malpractice system in Wisconsin was identified as a key policy factor impacting Wisconsin's ability to have a physician workforce supply that meets patient demands.

"The malpractice environment in particular is a factor impacting retention and in-migration [of physicians] that can be most readily impacted by policy decisions," states the WCMEW report. "Just as surveys show that a state's litigation environment is an important factor in the decisions businesses make when deciding where to locate, a state's medical liability environment affects physician decisions to practice in a particular state."

"Wisconsin must maintain those policies and characteristics in which Wisconsin is comparatively more attractive as a place to practice medicine," the WCMEW report states. "One of the often-mentioned reasons for physicians relocating to Wisconsin is our malpractice environment. Over time, Wisconsin's Legislature has worked to maintain that advantage over other states by preserving Wisconsin's comprehensive and balanced medical malpractice system. That base of stability has enabled Wisconsin to proactively focus on additional efforts to add new physicians to Wisconsin."

Save the Date, Call for Speakers on Health Literacy Summit

Consider attending or submitting a proposal for a breakout session and/or poster presentation for the 2017 Wisconsin Health Literacy Summit, "Health Literacy: A Critical Link in Patient Engagement." This event, sponsored by Wisconsin Health Literacy, will be held **April 4-5, 2017**, at Monona Terrace Convention Center in Madison. The Wisconsin Hospital Association is one of the Summit's Host Partners in recognition of the significant impact improved health literacy can have on patient engagement and community health. The WHA Foundation is a supporting sponsor of the Summit.

Speaker proposals are due December 30, 2016. To download the application form and for Summit updates, go to bit.ly/hlsummit.

Among six plenary speakers include Cindy Brach, Agency for Healthcare Research and Quality; Dr. Winston F. Wong, Kaiser Permanente; Karen N. Drenkard, GetWellNetwork; and, Anne Fadiman, award-winning author of *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors and the Collision of Two Cultures*. The conference also includes 25 breakout sessions and a posters presentation.

New to the Summit this year will be the Medication Label Summit, which will be held April 3, 2017, one day prior to the Health Literacy Summit. Speakers include Dr. Michael Wolf, Northwestern University Feinberg School of Medicine and Dr. Ruth Parker, Emory University Department of Medicine. Other workshops will also be held that day, including one on the Share Approach, which will center on learning cutting-edge, evidenced-based information about shared decision making.

DWD Assistant Deputy Secretary Visits Aspirus Youth Apprenticeship Program

Department of Workforce Development (DWD) Assistant Deputy Secretary Dave Anderson visited Aspirus Wausau Hospital (AWH) recently to highlight DWD's Youth Apprenticeship (YA) program. The visit was part of Governor Walker's Cabinet on the Road Series.



DWD Asst. Deputy Secretary Dave Anderson, fourth from left, visits Aspirus Wausau Hospital's Youth Apprenticeship program.

The visit included a meet and greet with the students, their advisors, hospital leaders and a tour of AWH. Established in 1991, Wisconsin's YA program provides high school students with hands-on work experience at a local business along with related classroom instruction. Aspirus currently employs four youth apprentices from the Wausau East, Mosinee, D.C. Everest and Wittenberg-Birnamwood School Districts.

The Youth Apprenticeship program is a rigorous one- or two-year elective statewide program that combines academic and technical instruction with mentored, paid, on-the-job learning that makes a real world connection for students.

Continued from page 1 . . . Walker Discusses ACA Replacement with WHA Board

“With Paul Ryan in the Speaker’s chair and (Governor Walker) chairing the Republican Governor’s Association, Wisconsin has a tremendous opportunity to be at the table, to shape and influence the path forward,” Borgerding said. “Our partnership with you and your team has probably never been so important as it is now.”

Walker said he looks to Paul Ryan’s ideas on Medicaid block grants as a way to reform the program, not as a way to cut costs.

“The block grants afford us an opportunity to do it differently. We want to get something in place that works better for our health systems, for our patients and for our constituents throughout the state,” according to Walker. “I view block grants as a way to reform the program and make it work better, not as a way to cut funding or costs.”



WHA Board meeting, December 15, 2016

Walker said while Wisconsin did not take the Medicaid expansion, it did make anyone at 100 percent FPL eligible for the program, while those above the FPL were moved onto the insurance exchange where they could access subsidized coverage. In the past, Walker said, there were folks who were eligible for Medicaid, but state funding was not available (due to enrollment freezes implemented in the Doyle Administration), so they ended up as uncompensated care. “That has essentially created a tax on all the other private payers and employers,” Walker added.

“You think of all the top 10 states with low uninsured rates, we are the only one with the lowest uninsured rates in the country that did not take Medicaid expansion,” the Governor said. “It’s a great reminder we worked together to do something that worked for Wisconsin. We can do the same with Medicaid reform and transitioning from the ACA.”

The Governor added that “access, quality and affordability” all are linked, and when he discusses infrastructure, he always includes quality health care.

On the ACA repeal, Walker said he would not be surprised if Congress votes to repeal the ACA in January, but he thinks it would be best to not let it take “maybe three years to implement” to ensure that there is a smooth transition. “The last thing we want is for people to fall through the cracks,” Walker said. Walker asked WHA Board members to give him feedback on how to best implement any changes.

Walker reiterated his support for funding three of WHA’s key priorities—the Disproportionate Share Hospital Program (DSH), graduate medical education (GME) and workforce initiatives.

“Obviously we are going to continue to support DSH payments. It is important, and for the state as a whole, we will continue to make that commitment as we have in the past,” Walker said. “And, for the

(continued on page 7)

Continued from page 6 . . . Walker discusses ACA Replacement with WHA Board

larger workforce needs, we support GME in rural and underserved areas, focusing on the appropriate level of support. Not just to attract physicians, but it is critically important that we keep them in these areas.”

The Governor said he is pleased the Medical College of Wisconsin and the UW School of Medicine and Public Health have created campuses and training sites in rural and underserved areas of the state. Where a physician gets a residency is a good indicator of where they will practice, according to Walker.

The Governor voiced his appreciation to WHA members for supporting Project Search, which provides training and jobs for those with developmental disabilities. He said the “lion’s share” of Project Search job sites are in hospitals and health systems.

WHA Chair Report: WHA owns the issues that matter to members

WHA had a very successful year, as documented by WHA 2016 Chair Mike Wallace, president/CEO, Fort HealthCare, in his year-end report. He directed Board members to the *Results* document that summarizes WHA’s accomplishments in 2016. (This document will be shared with members later this month).

Wallace said WHA’s advocacy effectiveness is punctuated by the fact that legislators and policymakers listen to WHA and work very well with us. “WHA is nicely aligned with the legislative process to influence things that really matter to us,” according to Wallace.

Wallace noted that WHA is more than just “hospitals”; the Association is active in a variety of matters related to the health care delivery system, including those issues that impact physicians working in an integrated health system.

“We’ve accomplished a lot and we’ve done it together,” Wallace said. “There are a lot of owners of issues—not renters—that is why we are where we are today.”

Wallace also introduced new Board members. See their profiles here (www.wha.org/pubarchive/valued_voice/WHA-Newsletter-10-21-2016.htm#5).

WHA President’s Report: “We won’t rest on our laurels.”

In his last report for 2016, Borgerding said WHA’s core deliverable and value is leading on public policy development and advocacy. Expanding on Wallace’s comment about WHA being more than “hospitals,” Borgerding said staff has started discussions about broadening WHA’s brand to encompass a wider range of issues related to integrated care delivery systems, a hallmark of Wisconsin health care.

Borgerding said while the 2017 WHA goals are now being drafted and will be presented to the Board for approval at their February meeting, he said “our focus next year will fall into three areas – who we are, what we do and how we do it.” As it relates to “what we do,” he said staff are already developing an issues framework that includes sustaining Medicaid coverage expansion; post-acute care; expansion of the reimbursement agenda; advanced practice clinician regulatory reforms; and, sustaining and evolving clinical performance improvement.

New partnerships with allied health care organizations will be formed in the months ahead, along with new alliances with employer groups. To do this, Borgerding said WHA will continue to enhance staff capabilities, both internally and externally. He introduced WHA’s newest staff member, Laura Rose, who has a legal background and was deputy director of Wisconsin’s Legislative Council, who will add expertise to and bring considerable experience to her new position as vice president of policy development.

Following the election results November 8, Borgerding said he communicated with WHA members at 8:05 a.m. November 9 to provide initial insights. By the next morning the WHA team had prepared and shared with members a thorough analysis of the potential impact that repealing and replacing ObamaCare would have in Wisconsin. Since then, WHA has been in frequent communication with members, elected officials at the state and federal level, including Paul Ryan and Governor Walker. (See article on page 1 on visit with Ryan.) *(continued on page 8)*

Continued from page 7 . . . Walker discusses ACA Replacement with WHA Board

WHA Continues to Closely Watch Group Insurance Board and Self-Insurance Proposal

WHA Senior Vice President Joanne Alig presented an overview of the recent actions of the Group Insurance Board related to the state's deliberations regarding self-insuring the state employee health insurance plan. (See full story on page 3)

Alig also reported on the WHA Medicaid Policy Workgroup, which was charged with developing achievable policies aimed at preserving Medicaid access. The workgroup developed a set of 20 recommendations that will help form WHA's platform for advocacy work in the 2017-2019 state biennial budget.

President Obama Signs the WHA-supported HOPD Fix into Law

Relief is in sight for some hospital outpatient departments (HOPDs) caught "mid-build" when Section 603 was enacted in late 2015. After aggressive advocacy efforts by WHA and other groups nationally, the President signed a targeted fix into law under Public Law-114-255. Jenny Boese, vice president federal affairs & advocacy, said WHA is pleased to see this fix and that WHA led or participated in several trips to Washington DC on the issue along with other advocacy-related activities.

WHA 2016 Workforce Report Warns of Unprecedented Shortages

Steven Rush, WHA vice president, workforce and clinical practice, provided a preview of the WHA 2016 Workforce Report that will be released December 20. Rush said the report confirms what health care leaders have been anticipating and that health care is heading toward unprecedented shortages. He outlined the recommendations in the report and responded to questions from Board members. The full report will be released to the media December 20, and a Capitol Briefing on health care-related workforce issues for state legislators will be held that same day.

Wisconsin Hospitals PAC & Conduit Reaches Goal!

WHA Past Chair Therese Pandl, president/CEO, Eastern Wisconsin Division, Hospital Sisters Health System, reported that the Wisconsin Hospitals PAC & Conduit reached its 2016 goal of raising \$300,000. In fact, the campaign raised \$305,000 from 353 individual contributors, putting it at 12.5 percent over the previous year's record and the most ever raised in the campaign's history. The campaign also disbursed more than \$347,000 this year, another record. She thanked Board members for their continuing support of WHA's advocacy efforts. (Read the full report on page 2.)

WHA Foundation Supports Quality, Workforce Initiatives

WHA Foundation Director Jennifer Frank reported on recent programs and projects funded by the Foundation. Focusing on initiatives that have statewide impact in the areas of health care workforce development and quality/safety improvement, Frank said the Foundation's newest effort was developing and funding a scholarship program for interdisciplinary health care provider teams to participate in clinical simulation training, focusing specifically on OB-related scenarios in 2016. The Foundation also continues to fund scholarships for technical college students in health care-related degree programs, as well as provide start-up funding for both the WHA/RWHC Quality Residency Program and the BSN completion website.

WHA Physician Leaders Council Provides Feedback on Several New Initiatives

Chuck Shabino, MD, WHA chief medical officer, and Matthew Stanford, WHA general counsel, provided a report to the Board on the work of the WHA Physician Leaders Council's December 7 meeting. Highlights were implementation of prescription drug monitoring database (PDMP) interoperability with EHRs, the creation of a new WHA MACRA education video to help physician leaders explain MACRA to their physicians, and the creation of a new WHA Engagement and Retention Toolkit. They said the new Toolkit would be made available to WHA member CEOs and CMO. It provides a checklist of considerations and resources that can help WHA member organizations review and refine their strategic plans for physician engagement and retention.

Political Action Fundraising Campaign Contributors

Contributors ranging from \$1 to \$499

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