WISCONSIN HOSPITAL ASSOCIATION

The Valued Voice

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WHA Information Center Launches KAAVIO

The WHA Information Center (WHAIC) has launched a new tool to help WHA hospitals and health systems gain crucial insights into areas such as population health, utilization, patient access, geographic distribution and market share.

The new tool, called "Kaavio," allows WHA hospital and health system users to analyze and visualize Wisconsin discharge data. With Kaavio, users can easily interact with the Wisconsin discharge data – applying filters, refining parameters, and adding criteria. The changes are instantly reflected in the data. Kaavio presents the data in meaningful graphics that allow users to detect patterns, trends, outliers, and relationships that can help users make important decisions.

"WHAIC is committed to making data usable for decision support," says WHA Senior Vice President Brian Potter. "Kaavio is an intuitive analytics tool that can help senior leaders identify opportunities, answer complex questions, and obtain clarity on issues they may be facing." *(continued on page 5)*

Proposed Regulation on Physician Payments (MACRA) Released

On April 27, 2016 the Centers for Medicare & Medicaid Services (CMS) released proposed regulation on key elements of the Medicare Access and CHIP Reauthorization Act of 2015, otherwise known as MACRA. MACRA is bipartisan legislation enacted last year to repeal and replace the much-maligned Sustainable Growth Rate on physician payments under Medicare.

Under MACRA, eligible providers, including physicians and other health professionals, will operate under one of two programs—the Merit-Based Incentive Payment System (MIPS) or Alternative Payment Models (APMs).

"Development and implementation of MIPS and APMs will have a significant impact, not only on physicians, but also on the hospitals and health systems with whom they partner," said WHA President/CEO Eric Borgerding. "That is why WHA continues to be actively

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New Legislator Profile:

Rep. Amanda Stuck (D-Appleton)

A series of interviews with newly-elected legislators, by Mary Kay Grasmick, editor

Self-Insuring State Employee Health Plan: "If it is not broke, why fix it?"

Rep. Amanda Stuck says her greatest passion as a legislator is trying to find really pragmatic ways to increase health care access for people, and make sure that any bills that are passed are based on fact and studies.

Amanda Stuck

One fact she is quick to point out is that Wisconsin is always at the top of national health rankings. That is one of the reasons she is questioning the need for a change in the state employee health plan.

"If is it not broke, why are we fixing it?" she asked. "When we compare Wisconsin to other states with self-funded employee health plans, we compare favorably on cost. That is why I question the need for this move. It they are going to move in this direction, we need to be very

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engaged with CMS in the regulatory process as well as helping our membership prepare for this new payment system."

Under MIPS, CMS proposes a series of measures, activities, reporting, and data submission standards across the four performance categories: quality, resource use (ie: efficiency), clinical practice improvement activities, and meaningful use of certified electronic health record technology. CMS proposes eliminating meaningful use for providers and replacing it with what it calls "advancing care information." Measures and activities would vary by category and include outcome measures, performance measures, and global and population-based measures.

Under APMs, CMS proposes only APMs that bear financial risk or are a specified medical home will qualify for incentive payments. Current eligible models that would qualify include Tracks 2 and 3 of the Medicare Shared Savings Program (MSSP) and the Next Generation ACO model. However, Track 1 of the MSSP and other potential programs would not qualify as APMs if they fail to meet certain risk thresholds. The newly-announced Comprehensive Primary Care Plus initiative would qualify as a medical home.

The Wisconsin Hospital Association continues to review the proposed rule and will submit detailed comments to CMS by the June 27 deadline. Watch future *Valued Voice* articles for ongoing information and details.

CMS Finalizes "Mega Rule" on Medicaid Managed Care

On April 25, the Centers for Medicare & Medicaid Services (CMS) released its final rule for updating Medicaid managed care regulations. At over 1,400 pages, and often referred to as "the mega-rule," it is considered to be the first major update to Medicaid managed care regulations in more than a decade, with CMS making numerous changes governing states' agreements with Medicaid managed care organizations. In Wisconsin, about 75 percent of the individuals enrolled in Medicaid are enrolled in a managed care organization.

The rule has garnered much attention for a new 85 percent medical loss ratio (MLR) requirement. This is the same MLR standard as is used in Medicare Advantage and for large employer plans in the commercial market. CMS is requiring the calculation and reporting of the MLR and are requiring that managed care plan rates be set so the plan is projected to meet the 85 percent threshold. If the plan does not meet the 85 percent requirement, states have the discretion to require the plan pay a remittance back to the state.

The final rule also includes standards for network adequacy. CMS requires states to establish time and distance standards for Medicaid managed care organizations for certain network provider types, including: adult and pediatric primary care, specialists, and behavioral health; OB/GYN; hospitals; pharmacies; and pediatric dental. CMS also leaves open the possibility of requiring standards for "additional provider types when it promotes the objectives of the Medicaid program, as determined by CMS." In Wisconsin, the current Medicaid managed care contract between the state and HMOs for the BadgerCare program already includes specific distance requirements for some of these provider types, but it is likely additional standards will need to be developed.

CMS has long required that capitation rates for Medicaid managed care plans be actuarially sound. Through the final rule, CMS establishes a process for states to use in setting capitation rates, and a process for CMS review and approval of the rates. As part of the capitation rate and approval process, CMS indicates it will continue to allow what it considers to be "pass through" payments, limiting the amount and eventually phasing out the use of such payments over several years. However, CMS will continue to allow for other expenditures directed by the state under certain conditions.

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As the state Department of Health Services is seeking changes to the state's Family Care program, it is also important to note the rule makes several changes to requirements around long-term care supports and services. CMS also explicitly allows for managed care organizations to receive a capitation payment from the state for an enrollee aged 21 to 64 that spends a portion of the month for which the capitation is made as a patient in an institution for mental disease (IMD). Finally, the rule includes several other provisions related to quality, enrollee grievances and appeals, managed care marketing activities and program integrity.

WHA will continue to review and analyze the numerous provisions included in the final rule, and will share information with our members through our Councils and other member communications.

All WHA Summaries of Recently-Passed Laws Now Available

The Valued Voice has been reporting this month about the availability of members-only WHA summaries of new laws passed during the 2015-16 Wisconsin legislative session that could impact Wisconsin hospitals and health systems. The WHA legal and government relations teams have prepared the summaries to help WHA members better understand newly-enacted legislation

This week, Gov. Scott Walker completed his signing of bills that were passed during the last general-business legislative floor period. With the legislative session now wrapped up, all of WHA's summaries are now available for WHA members:

- Acts 26 and 83: Exemptions from State Credentialing Requirements for Emergency Service Providers
- Act 116: Interstate Physician Licensure Compact
- Act 153: Mental Health Coordination and Consultation Pilots and Inpatient Bed Finder
- Act 238: Immunity for Health Care Providers Performing a Body Cavity Search
- Acts 263 and 262: Flexibility for Opioid Treatment Programs and New Reporting for Methadone Clinics
- Act 265: New Pain Clinic Certification Requirement
- Acts 266, 267, and 268: Changes to Wisconsin's Prescription Drug Monitoring Program (PDMP)
- Act 287: Health Care Data Modernization Act
- Acts 290, 291, and 313: Removing Regulatory Barriers in Wisconsin's Pharmacist Practice Act
- Act 351: Victim Advocate Accompaniment at a Hospital
- Act 375: Authority of Physical Therapists to Order X-Rays

The summaries are for WHA members only and will not be generally accessible on the WHA website. The summaries are posted in the member's portal, which is accessible by clicking the "WHA Member's Only" icon located on the home page at wha.org. Once in the WHA member portal, the summaries can be found in the dropdown menu under the "General" tab. This section of WHA.org is a secure location and requires a first-time user to obtain a username and password. If you do not have a member account, go to members.wha.org and click on "Register" to create an account. If you have any questions about how to register, contact Tammy Hribar, *thribar*@*wha.org* or 608-274-1820.

For additional information, contact Andrew Brenton, WHA assistant general counsel, *abrenton*@*wha.org*, or Matthew Stanford, WHA general counsel, at *mstanford*@*wha.org*, or 608-274-1820.

Grassroots Spotlight

Ministry St. Elizabeth Hospital Highlights "Project Search" During State Rep. Murphy Visit

State Rep. David Murphy (R-Greenville) visited St. Elizabeth Hospital in Appleton April 21 in an effort to learn more about the Project Search program. He was able to see and talk with multiple Project Search participants during his visit.

Rep. Murphy, right, talks with a Project Search participant.

Project Search is a job training program for young adults with disabilities. Participants are immersed in day-to-day job duties at their respective placements in lieu of traditional classroom study. In the case of St. Elizabeth Hospital, the individuals take part in a rotation that allows them maximum exposure to three different areas of potential employment and job responsibilities.

"We applaud Representative Murphy's interest in Project Search," stated Tonya Dedering, regional director, foundations in Ministry Health Care's Eastern Region.

Wisconsin is home to 18 official Project Search sites. Ministry Health Care currently has two sites and is in the process of adding a third site.

WHA Members Preview New Wisconsin Prescription Drug Monitoring Program

A WHA Member Forum webinar presented April 27 focused on the role and purpose of the Wisconsin Department of Safety and Professional Services (DSPS), the Controlled Substances Board (CSB) and Wisconsin's Prescription Drug Monitoring Program (ePDMP). Presenter Chad Zadrazil, executive director of the CSB, described the member composition of the Board, the rule-writing authority of the Board, and regulatory oversight this important Board has in Wisconsin. Zadrazil is also the director of the PDMP, which became operational in 2013 as a tool to help reduce the abuse and diversion of prescription drugs. The PDMP contains information about monitored prescription drugs dispensed to patients in Wisconsin and submitted by pharmacies and practitioners, including physicians, dentists, advanced practice nurse prescribers and others.

Several important changes to the PDMP were presented by Zadrazil, and participants saw a live demonstration of the newly-redesigned PDMP website. Zadrazil also provided an overview of Act 266 and other newly-enacted legislation that will change permissions and requirements regarding submission, access, and review of data in the PDMP.

WHA has prepared a summary of Acts 266, 267, and 268 which each enact changes to the PDMP, as well as other newly-enacted opioid related laws. Those summaries can be found in the WHA Member Portal. See this week's article, *"All of WHA's Summaries of Recently Enacted Laws Now Available,"* for more information on accessing the WHA summaries, including the summaries of statutory changes to the PDMP.

WHA Webinar Aims to Debunk Myths on Opioid Prescribing, Patient Satisfaction

In a continual effort to support WHA members and their efforts to address the growing public health issue of the misuse and abuse of opioids, WHA is offering the WHA Member Forum webinar: *"HCAHPS, Patient Satisfaction & Opioid Prescribing: Debunking the Myths,"* on June 1, as the next in the series focused on the health care leader's role in addressing this growing issue.

Kelly Court, WHA chief quality officer, will present data that debunks the common myths of HCAHPS patient satisfaction scores related to pain management on physician compensation. In addition, attendees will learn from the leader and staff of Hayward Area Memorial Hospital, an organization that moved its HCAHPS score on pain management from 1 percent to 95 percent entirely with methods other than prescription medication. To register for this June 1 webinar, visit: https://events.SignUp4.net/HCAHPS-0601.

There is no fee for WHA hospital and corporate members to participate in this WHA Member Forum webinar, but pre-registration is required. For more information or to register for any of these WHA Member Forum webinars, visit www.wha.org. For more information, contact Jennifer Frank at *jfrank@wha.org* or at 608-274-1820.

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Kaavio is available to WHA hospitals and health systems that purchase data at the relational data set level for no additional fee through 2016. Kaavio can also be enhanced with the purchase of the "Other Hospital Outpatient Data" (ancillary services information) and the "Border-State County Name Enhancement" (the ability to see the counties of the bordering states).

Within Kaavio, users can analyze the data for hospitals and free-standing ambulatory surgery centers and compare them to other facilities. They can create custom dashboards with filters for categories such as Primary Diagnosis Category, Principal Procedure Category, MS-DRG, Primary Payor, Patient ZIP code and Facility.

Kaavio users also have the ability to create charts and maps, such as:

- Patient ZIP code maps
- County utilization maps
- Historic trend charts
- Bar charts
- Box & whisker charts
- Packed bubbles / tree maps
- Scatter plots

"There are countless ways the data can be filtered, sorted, refined and displayed," said Potter. "The graphics give users the ability to access, evaluate, comprehend, and act on data faster and more effectively than ever before."

To learn more about Kaavio and how to access the new tool, go to the WHA Information Center website, www.whainfocenter.com, or contact Brian Competente at *bcompetente@wha.org*.

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

High Value Health Care—Wisconsin's Competitive Advantage

High-quality, high-value health care is a hallmark in Wisconsin. Hospital systems are improving quality, increasing efficiency and delivering value to employers and residents in their communities. Hospitals have been working with WHA in a focused initiative to improve quality.

Fort HealthCare Transitional Care Program Reduces Readmissions

Fort HealthCare's Transitional Care Program is leading the way in reducing hospital readmissions. A comprehensive engagement of clinicians, patients and their families, and hospital leadership has helped the hospital reduce its readmission rates from 8.9 percent in 2011 to a mere 1.7 percent in April of 2016.

Their carefully calculated strategy includes data transparency and building a coalition of stakeholders focused on creating safe transitions of care for patients before, during and after hospitalization. The hospital helped create the Jefferson County Transitional Care Coalition, which creates new relationships with community partners, and eliminates turf wars by the open and frequent communication of appreciation of care for mutual patients across the care continuum.

The hospital's transitional care procedures revealed gaps in critical patient safety components such as medication management, understandable discharge instructions, timely medical care follow-up and home self-management. The team uses a standardized process to identify hospitalized patients who might be at risk for readmissions. Depending on the patient's risk, the team begins their process of in-home visits and calls, providing feedback and forward looping communications that help fix issues quickly.

Fort HealthCare's team includes Linda Detwiler, RN, BSN; Cecilia Smoniewski, RN, BSN; and Connie Philpot, RN, MSN. The quality director, Marie Wiesmann, RN, was instrumental in the design of the program and actively sought hospital leadership for support. Dedicating financial and human resources to build this program was not an easy ask, but the data speaks for itself, in avoiding unnecessary hospital readmissions.

Is there work left to do? Certainly. Hard-wiring processes, targeting an even lower readmission rate, and integrating the program with a population health project are a few of the "what's next" steps for this dynamic and courageous team. As with any quality and patient safety improvement project, there is always more to do, and success breeds success.

WHA congratulates Fort HealthCare's innovation and leadership in reducing hospital readmissions by working to create and sustain safe transitions of care for their community.

Last Chance to Register for WHA May 5 Community Health Summit

Sheraton Madison Hotel

Wisconsin Attorney General Brad Schimel will keynote the May 5 Summit and emphasize how his participation in a community health needs assessment led to an early commitment to battle the opioid crisis. Learn about completing "Schedule H" and get an update on community partnerships and the State Health Plan.

Register online at: https://events.SignUp4.net/16CBSummit0505.

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cautious and thorough in reviewing it before we remove all the competitive options and replace it with one or two providers that could limit the access and competition that drives the great care and low cost."

Stuck believes the process to determine if moving toward a self-insured state employee health insurance model should "slow down," include more stakeholders and ensure that more information is made available to ensure the state makes a good decision.

As a college student, Stuck was raising a young child and had firsthand experience with the Medicaid program. That experience made her acutely aware of the relationship between reimbursement rates and access.

"I was a single mom when I put myself through college and I was on Medicaid," she said. "My three-year-old-son needed dental care. I know how hard it is to get access to care because a lot of providers have a hard time taking more Medicaid patients when the reimbursement is so low. I think we should increase the Medicaid reimbursement rate so providers can realistically take more patients and people can get care. It saves us all money when people can get access to preventive care."

As Wisconsin hospitals and health system increasingly devote human and financial resources to population health, they are learning that factors outside of their control have a huge impact on people's health. One of these is housing, an area that Stuck is very familiar with, having worked with the Appleton Housing Authority.

"There is a huge role for the Legislature to play in looking at the importance of housing. If you have housing, you are better able to get benefits, and you are more likely to get and keep a job," according to Stuck. "Our biggest role (legislators) is helping people find affordable housing. If they cannot afford housing it impacts all other health outcomes."

Stuck recognizes the importance that having access to some of the highest quality health care in the country can have on Wisconsin communities.

"It is one of the biggest factors to our economy. If people living in our communities are not healthy, they are not able to do those things that have an impact on our economy," she said. "We have two great health systems in the Fox Valley and they do great work together."

For example, Stuck said Affinity and ThedaCare helped address mental health in the community by working together to create Catalpa Health, which is dedicated to providing pediatric mental health services.

"I think this type of work is vital," Stuck said. "It is about the community. It does matter to employers that they have healthy employees and it matters to the employees themselves. They want to be in communities where they see a good quality of life. Healthy communities help employers attract employees."

DPH Changes Impact Meaningful Use Reporting of Syndromic Surveillance

On April 26, Wisconsin's Division of Public Health (DPH) announced two policy changes related to syndromic surveillance reporting under the Medicare and Medicaid EHR Incentive Programs. Both changes went into effect April 27, 2016.

First, DPH announced that it has ceased collecting ambulatory syndromic surveillance data from eligible professionals, unless the eligible professional was already sending DPH syndromic surveillance data as of the date of the announcement.

Second, DPH announced that it has ceased processing registrations of hospitals for syndromic surveillance data submission. As the stated reason for the policy change, DPH on its website says that it "currently does not have the resource capacity to support testing and data validation of syndromic surveillance data for new hospitals in the queue awaiting an invitation to begin onboarding for syndromic surveillance data submission." DPH further elaborated in an email that for those hospitals whose registrations have already been processed and who are already submitting syndromic surveillance data, DPH has temporarily put on hold retesting and revalidation data validation.

Details of DPH's announced policy changes are at https://www.dhs.wisconsin.gov/phmu/syndromic.htm.

For additional information, contact Andrew Brenton, WHA assistant general counsel, at 608-274-1820 or *abrenton@wha.org*.