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WHA Convenes Leaders in Health Care from Around the State to Develop Action Plan to Battle Ongoing Opioid Abuse



From left: Steven Rush, WHA VP, Workforce and Clinical Practice; Tim Westlake, MD; Attorney General Brad Schimel; Rep. John Nygren; WHA President/CEO Eric Borgerding

WHA President/CEO Eric Borgerding set the tone for the September 9 meeting held at WHA of the Wisconsin Prescription Drug Abuse Coalition when he stated, "This is a critically important, yet complex issue. The leaders in this room today possess the knowledge and resources to make significant change."

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WHA Physician Leaders Council Discusses Regulatory Reform, MACRA Council provided guidance on potential new WHA physician-focused resources



The WHA Physician Leaders Council meeting, September 14, 2016

As health care evolves, the WHA Board of Directors, which includes broad representation of WHA's members across the state, has directed WHA to engage in issues that impact not just the hospital, but also physicians and other clinicians as part of the overall continuum of care. The WHA Physician Leaders Council is a key part of that engagement. The Council met September 14 and focused on several physician and clinical practice-related items:

- WHA team-based care regulatory reform package
- MACRA implementation and education
- 2016 Physician Workforce Report
- Development of a WHA Physician Quality Residency Program
- WHA Physician Retention Toolkit
- MED 24 telemedicine rulemaking

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Hospital Leaders, WHA in DC ***Urge action on HOPD, OPPTS proposed rule***

Close to a dozen hospital leaders and the Wisconsin Hospital Association were in Washington, DC September 13 to meet with a variety of Wisconsin's Members of Congress. During those meetings, individuals highlighted the need to enact legislation that would assist certain hospital outpatient department (HOPDs) projects caught up in the "Section 603" prohibition of the Bipartisan Budget Act of 2015 (BBA 2015). The group also urged Members of Congress to sign onto two "dear colleague" letters being circulated in Congress related to the Centers for Medicare & Medicaid Services (CMS) proposed implementation of Section 603.

Section 603 of the BBA 2015 bans new off-campus provider-based HOPDs from using Medicare's Outpatient Prospective Payment System (OPPS) beginning in 2017. The law was enacted so quickly that projects across the country already well under construction but not yet able to bill under the OPPS were no longer able to use this entire Medicare reimbursement system going forward. WHA supports enacting legislation to correct Section 603 for these "mid-build" projects. Congress has yet to pass this legislation, and attendees urged legislators to pass this fix quickly.

To complicate matters more, earlier this summer CMS released proposed implementation guidance for Section 603. As reported in the September 9 *Valued Voice* (www.wha.org/pubarchive/valued_voice/WHA-Newsletter-9-9-2016.htm#1), WHA submitted comments urging CMS to revamp this proposal entirely due to what it believes is a significant overreach by the Agency. For example, in the proposed rule, CMS states that complexities in its own systems would require the Agency to make no payments to hospitals in 2017 for services that are not grandfathered under the BBA 2015. For the agency to suggest that it will not reimburse hospitals in 2017 for services rendered at non-grandfathered HOPDs is completely unacceptable. Further, the agency proposes an extremely inflexible and limited view of the underlying statute that would not allow grandfathered HOPDs to relocate, rebuild or alter services without risk of losing their grandfathered status.

Health system and hospital leaders discussed how the CMS proposal would lock into place a delivery system based on one arbitrary date in time—November 2, 2015, the enactment date of BBA 2015—and would work against providing patient-centered care.

WHA urged Members of Congress to sign onto "dear colleague" letters being circulated that will be sent from Congress to CMS. Those letters will focus on the need for CMS to provide a fair, flexible policy that maintains access to care for Medicare beneficiaries.

Registration Open for Wisconsin GME Summit, November 15 in Madison

On November 15, the Wisconsin Council on Medical Education and Workforce (WCMEW) and the Wisconsin Collaborative for Rural GME (WCRGME) will offer the one-day event, "Wisconsin GME Summit: Celebrating Successes and Exploring Opportunities" at the Best Western Plus – Inn on the Park in Madison. To register, visit: <https://events.SignUp4.net/16WCMEW-GME-1115>.

This one-day Summit will highlight the challenges and opportunities in expanding graduate medical education (GME) programs in Wisconsin. The agenda will include an examination of the current state of Wisconsin's GME efforts, as well as two panel discussions focused on Wisconsin's state-funded GME grant programs, one including grantees who have started new programs and the other with those who have expanded existing programs. Using small group discussion format, the afternoon will focus on the topics of garnering broad community support for a GME program, effectively using technology to deliver GME training and support, and developing GME partnerships for efficiency.

For more information, including the day's agenda and online registration, visit <https://events.SignUp4.net/16WCMEW-GME-1115>. Content questions can be directed to George Quinn, WMCEW executive director, at gquinn@wcmew.org or at 608-516-5189. Registration questions can be directed to Kayla Chatterton at kchatterton@wha.org or at 608-274-1820. *(continued on page 3)*

Continued from page 2 . . . Registration Open for Wisconsin GME Summit, November 15

This event is jointly presented by the Wisconsin Council on Medical Education and Workforce (WCMEW) and the Wisconsin Collaborative for Rural GME (WCRGME). WCMEW is a multi-stakeholder organization whose purpose is to facilitate strategies to assure an adequate supply of health care providers to meet the needs of Wisconsin citizens today and into the future. WCRGME was established to address the shortage of rural primary care physicians through the expansion of GME. It is a network of organizations developing and maintaining rural residency rotations, rural training track residency programs and rural fellowships.

Grassroots Spotlight

Sen. Marklein Discusses Medicaid, Workforce and Rural Broadband with Hospital Leaders in Southwestern Wisconsin



In a conference room filled with hospital leaders from across his district, Sen. Howard Marklein spent over an hour talking about issues impacting rural



Senator Howard Marklein meets with rural hospital leaders at Gundersen Boscobel to discuss workforce shortages, rural broadband and Medicaid.

Wisconsin health care. In the HEAT Roundtable held September 12 and hosted by CEO David Hartberg at Gundersen Boscobel Area Hospital and Clinics, Marklein heard from hospital leaders



about the impact of Medicaid payment on the operations of hospitals, clinics and nursing homes and about how health care workforce shortages are having an impact on access to care in rural communities.

Marklein spent time talking about his work with the Legislative

Council Study Committee on Rural Broadband, referencing a recent presentation provided to the Committee by WHA General Counsel Matthew Stanford and two representatives of Hospital Sisters Health System in Eau Claire. Marklein also talked about the value Wisconsin's employers are receiving in the state's worker's compensation program, especially when looking at the total cost of care and return-to-work statistics that are lower than nearly every other state in the nation.

Donohue and Baird Keynote WHA's Future Health Care Leaders Conference, November 16

Registration is now open for "Today's Challenges, Tomorrow's Opportunities: A Future Leader's Guide to Wisconsin Health Care," scheduled November 16 in Middleton. The event will focus on the role the next generation of health care leaders will play in effectively addressing current health care trends.

The day's agenda will feature national health care consumerism expert Ryan Donohue, corporate director of program development with National Research Corporation (NRC), the largest surveyor of health care consumers in the United States. He is a thought leader in the realm of health care consumerism. Over the past decade, Donohue has conducted extensive research on the effects of consumerism on the U.S. health care industry. His mission is to inspire and persuade hospital and health system leaders to embrace and engage the health care consumer. During his keynote session, Donohue will explore how consumer decision making affects health care organizations and what the research shows is important to today's health care consumer.



Ryan Donohue

Kristin Baird

National patient experience expert Kristin Baird will focus on what future leaders can do to improve their organization's patient experiences and to bridge the perception gap between consumers and hospitals/health care systems. Baird is president and CEO of the Baird Group, where she leads a team of skilled professionals who help transform culture and shape the patient experience. Having been in the trenches of health care for over 35 years as a nurse and hospital executive, Baird speaks the language of someone who's "been there, done that." She's worked with individuals and groups from the front line, medical staff, and C-suite, guiding them through culture changes with measurable results in patient satisfaction and employee engagement.

Hospitals and health systems are encouraged to send a team comprised of senior and mid-level leaders. Be sure to personally invite identified future leaders within your organization and encourage them to attend this important event, where they will have the opportunity to learn more about current industry trends, network with other rising stars, and learn more about WHA.

This event, scheduled November 16 at Marriott Madison West Hotel in Middleton, is jointly presented by WHA and the Wisconsin Forum for Healthcare Strategy (WFHS). Through the generous support of WFHS, a discounted registration fee is available. This event is expected to sell out, so register soon at <http://events.SignUp4.net/16TCTO-1116>.

CMS Finalizes Emergency Preparedness Rule for Hospitals & Other Providers

On September 8, the Centers for Medicare & Medicaid Services (CMS) released a final rule that establishes emergency preparedness requirements for hospitals and other health care providers participating in Medicare and Medicaid.

According to the CMS press release (see <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-09-08.html>), the rule requires that Medicare and Medicaid participating providers and suppliers meet "best practice standards" related to developing an emergency plan, a communications plan, training and testing programs, and policies and procedures.

The rule is effective November 15, 2016 and must be implemented by November 15, 2017. In the coming weeks, WHA will continue to review the rule and prepare a communication and resources for member emergency preparedness directors.

If you have questions regarding emergency preparedness, contact Andrew Brenton, WHA assistant general counsel, at 608-274-1820 or abrenton@wha.org, or visit: www.wha.org/emergencyPreparedness.aspx.

WHA Webinar Series Highlights CMS Alternative Payment Programs, Sept. 20

On September 20, WHA's Legal & Regulatory Webinar Series will feature "CMS Alternative Payment Programs: What Can Hospitals Do to Succeed." This webinar will examine the various models that have been utilized and identify certain common aspects of them. It also will discuss a variety of potential compliance issues and application of existing laws to these models, as well as discuss results under these programs, suggest what aspects of these models are likely to be repeated in future programs, and what steps hospitals can take to be successful with such programs. The session will be presented by Fred Geilfuss of Foley & Lardner LLP, a WHA corporate member.

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>.

Other upcoming sessions include:

- **October 12:** National Trends in Health Care Antitrust Litigation
- **November 3:** Critical Updates for Critical Access Hospitals

There is no registration fee for webinars in this series, but pre-registration is required. The series is intended for WHA hospital and corporate members as a member benefit, and includes a range of topics, each presented by a representative of a WHA corporate member law firm.

In addition, if you missed any of the previous webinars from this series, the slide decks and audio recordings are available on demand in the WHA member portal. If you do not have an account in the WHA members-only portal, go to <http://members.wha.org> and click on "Register" to create an account. If you have questions about how to register, contact Tammy Hribar at thribar@wha.org or 608-274-1820.

WHA Foundation's 2016 Global Vision Award Honors Two Community Initiatives



On September 16, the WHA Foundation announced the recipients of the 2016 Global Vision Community Partnership Award, including the "Casualty Care Program," nominated by Mercy Health in Janesville; and the "Bobbie Nick Voss Colorectal Cancer Screening Program," nominated by Froedtert & the Medical College of Wisconsin Community Memorial Hospital in Menomonee Falls.



In the wake of increased school and workplace violence, Mercy Health in Janesville partnered with local EMS providers, law enforcement, hospitals and fire departments to create the "Casualty Care Program," a training program with a specially designed emergency toolkit. The Casualty Care Training Program is deployed to local school districts and other organizations to impart vital emergency training. Training is designed to take less than one hour and in a train-the-trainer format, to ensure participants will have local instructors available to handle staff turnover or re-education needs. The training includes a short presentation, as well as hands-on exercises using the Casualty Care Kit equipment and training aids. Training and emergency kits are distributed at no cost to school districts and other community organizations. To date, 4,551 kits have been distributed.

A 2015 community health assessment showed that only 62 percent of Waukesha County residents over the age of 50 had a colonoscopy, a percentage unchanged since 2009. And for those without insurance, the rate was even lower. Driven by their aligned missions, in 2008, the foundation of the Froedtert & The Medical College of Wisconsin Community Memorial Hospital in Menomonee Falls joined forces with the Bobbie Nick Voss Charitable Funds (BNVCF) to advance education and awareness about prevention and early detection of colorectal cancer, as well as the potential for colonoscopies and other screening tests to find cancer early and save lives. They developed the "Bobbie Nick Voss Colorectal Screening

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Program," which included a specific objective to provide colonoscopies for individuals at-risk and without adequate insurance or resources to pay for the procedure. Over the past eight years, the program has provided colonoscopies to 134 uninsured, low-income patients identified as at-risk for colorectal cancer. In addition, the program educated thousands of people within the community about recognizing symptoms, prevention strategies, and the critical importance of early diagnosis and scheduling a colonoscopy.

The WHA Foundation's Global Vision Community Partnership Award is a competitive grant award created in 1995 to recognize the efforts of WHA members in meeting the documented health needs in their communities through creativity, innovation, partnership, and collaboration. To date, the Award has honored 42 innovative programs in communities throughout Wisconsin.

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Borgerding commended the work of the Coalition in identifying key issues and then crafting plans and strategies, though recognized the challenges ahead.

Wisconsin Attorney General Brad Schimel continued the praise and acknowledgement of the Coalition saying, "This is phenomenal work. I am the envy of all the attorneys general in the country. We are frequently asked to give presentations at national meetings to teach others how we achieved this level of collaboration with health care providers. Wisconsin is collaborative, cooperative and comprehensive in its approach to stopping the opioid epidemic here."

Wisconsin State Rep. John Nygren (R-Marinette), the leader of Wisconsin's Heroin, Opiate, Prevention and Education (HOPE) agenda, then called the work of the group "groundbreaking" with a diverse group of health care providers focused on addressing the problem.

Stakeholders from around the state, which included representation from hospitals and health care systems, physicians, nurses, dentistry and pharmacy, all provided updates on how their constituents and members are supporting the Coalition's agenda in reducing the overuse and abuse of prescription drugs.

Multiple strategies were shared, including educating providers on the new prescription drug monitoring program (PDMP) requirements set to go into effect January 2017, as well as the recently-adopted Medical Examining Board responsible prescribing guidelines. It was shared that other health care professionals with prescription authority are beginning their work on responsible prescribing guidelines. The Wisconsin Board of Nursing has begun the process, and the dental providers are expected to address this process soon.

There was discussion regarding specialty-specific prescribing guidelines as well as setting-specific guidelines. Setting-specific guidelines might address how opioids are utilized in an inpatient encounter and how providers might best inform and treat patients as to the management of their pain once they are discharged. Since patients are admitted into a hospital under a multitude of different medical specialties, a more general setting-specific guideline approach might best address the challenges identified by the Coalition in this area.

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

25th Annual \$2,500 Rural Health Prize - June 1, 2017 Deadline

The Hermes Monato, Jr. Prize of \$2,500 is awarded annually for the best rural health paper. It is open to all students of the University of Wisconsin (any campus) as well as those who have graduated since last June 1.

Students are encouraged to write on a rural health topic for a regular class and then to submit a copy to the Rural Wisconsin Health Cooperative as an entry by June 1, 2017.

Previous award winners as well as judging criteria and submission information are available at www.rwhc.com/Awards/AnnualMonatoEssay.aspx.

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WHA team-based care state regulatory reform package in development

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. Although models of care are evolving, licensure and scope of practice laws don't always keep pace.

WHA General Counsel Matthew Stanford said WHA is developing a 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 sought input and ideas from the Council on specific changes to Wisconsin laws that could reduce barriers to team-based care their organizations are currently facing.

WHA's MACRA agenda

Physician payment reform under Medicare and CHIP Reauthorization Act of 2015 (MACRA) was the focus of a discussion led by Joanne Alig, WHA senior vice president for policy and research, and Kelly Court, WHA chief quality officer.

Alig informed the Council that WHA continues to advocate for flexibility in MACRA implementation (see last week's *Valued Voice* article at www.wha.org/pubarchive/valued_voice/WHA-Newsletter-9-9-2016.htm#5) and is closely analyzing the impact the new quality payment program for physicians will have on WHA members. Alig walked through the two paths for clinician reimbursement beginning in 2019— Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).

As part of its effort to educate members, Alig explained that WHA is offering two webinars on the topic. The first webinar took place August 25, when more than 150 people heard details about the MIPS path presented by Court and Brian Vamstad, federal government relations consultant, Gundersen Health System. A second webinar focusing on APMs will be hosted by WHA later this fall.

Stanford and Chuck Shabino, MD, WHA chief medical officer, also sought input from the Council on the potential development of a targeted WHA resource that could help physician leaders educate their physicians in advance of and during their organizations' implementation of MACRA. The concept was well received by the Council, and WHA will continue to pursue and develop it.

WCMEW 2016 Physician Workforce Report

Wisconsin Council on Medical Education and Workforce (WCMEW) Executive Director George Quinn provided an overview of the WCMEW 2016 physician workforce report released in August. Quinn said the projections in the 2016 report were based on a methodology that is similar to that used in the 2011 report; however, the data used in 2016 is more specific to Wisconsin.

Wisconsin has made progress in addressing the physician shortage, however, Quinn said efforts to expand graduate medical education (GME) and to attract and retain physicians in the state must continue at the current pace in order for Wisconsin to meet its goal of having an adequate supply of physicians to meet the growing demand for care. *(continued on page 8)*

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More information about the 2016 physician workforce report can be found in the August 26 *Valued Voice* article at www.wha.org/pubarchive/valued_voice/WHA-Newsletter-8-26-2016.htm#1.

Potential WHA Physician Quality Residency Program

WHA and the Rural Wisconsin Health Cooperative have established a Quality Residency Program for hospital quality managers to help orient new quality managers to important issues in their job. Court told the Council that WHA is considering offering a similar program for physicians with an assigned quality role. Court sought the Council's input on the potential demand for such a program and how a program could best meet the needs of WHA members.

The Council was enthusiastic about a program for physicians, identified a broad demand for it, and encouraged WHA to pursue development of a quality residency program for physician leaders.

WHA Physician Retention Toolkit

Dr. Shabino and Stanford provided an update on the development of a WHA physician retention toolkit. Shabino said the development of the toolkit is a 2016 WHA goal that builds on WHA advocacy efforts to address physician supply needs at the state level. They said this member value-related goal stemmed from four staff observations:

- **Wisconsin's high level of integration** – 70-80 percent of Wisconsin's physician workforce is employed by or contract closely with WHA member health systems. This is much higher than the national average.
- **Physician retention is a strategic priority for WHA members** – Integrated care models are particularly dependent on organizational-level physician retention.
- **Physician satisfaction and burnout concerns** – WHA members are aware of physician satisfaction and burnout concerns being raised by professional organizations.
- **Availability of relevant organizational-level strategies to maintain/improve satisfaction** – Does Wisconsin's advanced integrated environment create unique needs for organization-level physician satisfaction strategies and guidance?

Shabino and Stanford said work on drafting of the toolkit will continue with the Council between now and the end of the year, with a goal of presenting a recommended toolkit to the WHA Board in December.

MED 24 Telemedicine Rulemaking

Steven Rush, WHA vice president for workforce and clinical practice, provided an update to the Council on the Medical Examining Board's (MEB) MED 24 telemedicine rulemaking. Responding to concerns raised by WHA that the original draft could result in the unintended consequences of impeding safe and efficient telemedicine practice already in place, Rush said the new draft developed by a specially created MEB Telemedicine Subcommittee proposed a much more streamlined version.

Rush reported that WHA's Telemedicine Task Force at its August meeting generally agreed that the current draft of MED 24 reflects the input of WHA and the Task Force. The draft will be presented to the full MEB later in September, with a public hearing expected in October.