

## Invite your Physicians to WHA Physician Quality Academy



Physicians are often assigned a role with a hospital or health system's quality department or committee, or they are asked to lead a quality improvement project. Knowledge about quality improvement tools and principles can increase the likelihood that a physician will be more

successful in and comfortable with his/her leadership role.

WHA is offering the WHA Physician Quality Academy to member hospitals to ensure that physicians have access to the training and resources necessary to lead quality improvement initiatives. The Academy is designed for physicians and advanced practice providers who have an assigned role related to quality measurement and improvement within a WHA member organization. For physicians who fit that description, share this message with them and encourage them to register at [www.cvent.com/d/wvq5nm](http://www.cvent.com/d/wvq5nm).

The Academy offers two non-consecutive days of in-person training and access to supporting resources both between and after the live sessions. Participants will learn to design and conduct quality improvement projects utilizing proven improvement models; interpret data correctly; facilitate physician colleague engagement in quality improvement and measurement; and, discuss quality requirements, medical staff functions and their link to quality improvement.

The Academy will be offered twice in 2017, allowing a physician to choose the cohort that works best for his/her schedule: Cohort #1 will be held May 10 and July 21, and Cohort #2 will be September 29 and November 3. By enrolling, participating physicians are committing to and expected to attend both days of their enrolled cohort. Swapping between cohorts will not be permitted. Attendance will be limited to the first 100 registrants per cohort, so register your physicians today at [www.cvent.com/d/wvq5nm](http://www.cvent.com/d/wvq5nm).

## WHA Participates in CMS Rural Health Care Listening Session

Leaders from the Centers for Medicare & Medicaid Services (CMS) held a rural health care listening session January 24 in Springfield, IL. The Wisconsin Hospital Association participated in the session and raised key issues with CMS, including telehealth, behavioral health and regulatory flexibility among others. In addition, WHA provided a memo to CMS highlighting these issues. Also participating in the listening session were Hospital Sisters Health System (HSHS) and the Rural Wisconsin Health Cooperative.

One of the policies raised by WHA and reiterated by others at the session was the importance of telehealth services, particularly in rural communities. CMS heard multiple times that it should do more to support the use of telehealth by removing the regulatory and reimbursement barriers currently in place. *(continued on page 2)*



*CMS Chief Medical Officer, Region V, Dr. Robert Furno talks with the attendees at the CMS rural health care listening session held in Springfield, IL*

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“There are great opportunities to provide essential services, such as behavioral health care, in rural communities via the use of telehealth,” Jenny Boese, WHA vice president, federal affairs & advocacy, told CMS. “Unfortunately, current regulatory policies create unnecessary barriers and obstacles for its use in many rural communities where needs are greatest.”

CMS asked attendees to discuss other priorities the Agency should consider with respect to rural health care. In addition to behavioral health and telehealth, participants discussed the importance of the Critical Access Hospital program, the 340B program and swing beds, among others.

HSHS stressed, and WHA concurred, that CMS must provide more flexibility with respect to graduate medical education (GME). HSHS elaborated that CMS should allow hospitals to be able to accept additional residents under Medicare’s GME caps even if the hospitals had previously taken rural rotators for some short periods of time in the past.

During the session, CMS asked attendees what services are the most difficult to provide in rural communities. Participants indicated behavioral health, pediatric care, specialty services, oral health and pregnancy/maternity care.

CMS also provided attendees with a draft vision statement for rural health care. That statement focused on providing accessible, accountable and affordable care in rural communities. Through a facilitated discussion, attendees were asked to provide feedback on this vision statement and other questions, which CMS will now work to incorporate into the strategic plan it is developing for rural health care.

## **Speaker Vos Submits Letter to Chairman Chaffetz on RACs, Mixed-Use Space *Vos says these regulations have “proven to be a burden of compliance”***

Wisconsin State Assembly Speaker Robin Vos recently sent a letter (see [www.wha.org/pdf/2017Vos-Chaffetz1-20.pdf](http://www.wha.org/pdf/2017Vos-Chaffetz1-20.pdf)) to House Oversight and Government Reform Committee Chair, Congressman Jason Chaffetz, outlining health care and environmental regulations that have been a burden to the private sector along with state and local governments. Vos referenced several health care regulations in his letter, including “aggressive” Medicare provider recoupment programs along with inflexible government regulations regarding “mixed-use” space, meaningful use and disparate quality reporting metrics.

Speaker Vos’ comments mirror concerns raised to Assembly Health Committee Chairman Joe Sanfelippo by WHA in a letter responding to Chairman Chaffetz’s request for insight on federal regulations that have been a burden to the private sector and other levels of government. WHA’s letter also discusses the progress Wisconsin has made in reforming the state’s health care regulations, specifically the administrative code regulating Wisconsin’s hospitals—DHS 124. WHA will be partnering with members of the Legislature in the 2017- 2018 session to continue pursuing regulatory streamlining and efficiencies for Wisconsin’s hospitals and clinics.

See a copy of the WHA letter sent to Rep. Sanfelippo at:  
[www.wha.org/pdf/2017SanfelippoMandate1-16.pdf](http://www.wha.org/pdf/2017SanfelippoMandate1-16.pdf).

## **Borgerding Named to AHA Physician Leadership Advisory Committee**

WHA President/CEO Eric Borgerding was named to the newly-formed American Hospital Association (AHA) Physician Leadership Advisory Committee. The AHA Board of Trustees approved the establishment of an advisory committee to consider various scenarios for future physician partnership and engagement in the Association. AHA Board member Melinda Estes, MD, president/CEO, Saint Luke's Health System in Kansas City, Missouri, will chair the group.

The Physician Leadership Advisory Committee will present recommendations to the AHA Board of Trustees for discussion, launching the first generation of physician leadership activities to enhance current initiatives. In a letter, AHA said the dialogue of the Committee will be critical to the development of the next generation physician agenda. In addition, AHA will solicit input from a diverse group of stakeholders to inform the Committee's deliberations.

WHA's longstanding commitment to physician leadership development and expanding member/integrated physician agenda, including the recently-announced WHA Physician Quality Academy (see [www.wha.org/pubarchive/valued\\_voice/WHA-Newsletter-1-20-2017.htm#1](http://www.wha.org/pubarchive/valued_voice/WHA-Newsletter-1-20-2017.htm#1)), position Wisconsin well to contribute to AHA's Physician Leadership Advisory Committee.

## **WHA Physician Leadership Development Conference, March 10-11, 2017**

Have you invited your newest physician leaders to attend the 2017 WHA Physician Leadership Development Conference? Invite them today and give them the tools to move beyond their clinical training and take a new approach to managerial decision making and problem solving. This year's event is scheduled March 10-11, 2017 at The American Club in Kohler, and WHA is still accepting registrations.

Many WHA members register a team and report they find the greatest benefit from the conference is the opportunity to network among themselves and with other teams.

"This is the 12th year WHA has sponsored one of the only conferences of its kind in Wisconsin," according to WHA Chief Medical Officer Chuck Shabino, MD. "Past attendees often tell us the greatest benefit they receive is the opportunity to spend time 'out of the shop' with their physicians and leaders."

The full conference brochure is included in this week's packet. Online registration is available at [www.wha.org](http://www.wha.org) or directly at <http://www.cvent.com/d/nvq2w6>. Continuing medical education credits are available to physicians in attendance.

This year's conference will feature presentations from Kevin O'Connor and Jennifer Grebenschikoff. Both O'Connor and Grebenschikoff are nationally-recognized faculty from the American Association for Physician Leadership (AAPL), formerly the American College of Physician Executives, and both will discuss important and practical leadership skills that help physician leaders move beyond their clinical training and take a new approach to managerial decision making and problem solving.

For questions about the annual Physician Leadership Development Conference, contact Jennifer Frank at [jfrank@wha.org](mailto:jfrank@wha.org) or 608-274-1820.

## WHA Foundation Announces Scholarships for Hospital Team Simulation Training



High fidelity clinical simulation provides an environment for a health care team to experience infrequently encountered clinical scenarios, as well as practice and improve team communication. Across Wisconsin, high-fidelity simulation labs are available to hospitals; however, cost, scheduling and other logistical issues can be a barrier to participation for some.

In 2016, the WHA Foundation provided scholarships to 20 Wisconsin hospitals, allowing them to participate in simulation training for high-risk delivery scenarios in their OB teams. The feedback from these simulation training experiences were overwhelmingly positive, leading the WHA Foundation Board to decide to extend this scholarship program into 2017.

The WHA Foundation has granted funding to provide another round of scholarships for interdisciplinary teams to participate in clinical simulation training. The one change to the program for 2017 is the training scenarios must be related to either sepsis/septic shock or pediatric trauma.

Five simulation labs across the state have partnered with the WHA Foundation to offer hospital teams hands-on simulation experiences. This is an excellent opportunity for hospitals who might have limited access to high fidelity simulation. The training will include up to eight hours of clinical simulation exercise, staff to assist the hospital team in the identification and development of an appropriate scenario, debriefing after simulation completion and materials for the hospital to take back to their facility to share with colleagues. The actual training must take place between March 1 and November 15, 2017.

For complete information on scholarship eligibility and criteria, the list of participating simulation training labs or to access the 2017 Clinical Simulation Training scholarship application, visit the WHA Foundation webpage at: [www.wha.org/whaFoundation.aspx](http://www.wha.org/whaFoundation.aspx).

The submission deadline is 5:00 pm CST on February 10, with notification by February 17. A maximum of 20 scholarships will be awarded, so hospitals are encouraged to apply as soon as possible. Direct any questions to Jennifer Frank at [jfrank@wha.org](mailto:jfrank@wha.org).

### In Memoriam: Eugene "Gene" W. Arnett



"Gene" Arnett

Former WHA Chair Eugene "Gene" W. Arnett, 84, of Medford, passed away January 21, 2017 at Aspirus Care & Rehab, Medford. Gene was WHA Chair in 1970 and he chaired the AHA Board in 1988. Gene was the president of Memorial Hospital of Taylor County from 1962 until his retirement in 1997.

Gene chaired the Tri State Association in 1973, received the WHA Harold Coombs Award for distinguished service in 1975, and he was also named Medford Man of the Year. He proudly served his country in the Wisconsin National Guard for 23 years where he earned the rank of major.

After graduating from Central State Teachers College, Gene went on to the University of Iowa where he received a master's degree in hospital administration.

## Influenza Activity Increasing in Wisconsin

Wisconsin is experiencing increasing influenza activity, with 90 percent of detections being influenza A, according to the weekly influenza report provided to WHA by Jonathan Temte, MD, PhD. Temte, a professor of family medicine at the University of Wisconsin School of Medicine and Public Health, serves on the U.S. Advisory Committee on Immunization Practices. Throughout the influenza season, he shares his weekly updates with WHA, which are posted at: [www.wha.org/weekly-influenza-update.aspx](http://www.wha.org/weekly-influenza-update.aspx). There have been 356 influenza-related hospitalizations since September 1, 2016, with 48 admitted to ICU and 9 requiring mechanical ventilation. This compares to 89 hospitalizations last year at this time, and 3,437 for the 2014-2015 season. Sixty-six percent of hospitalizations have been in individuals age 65 and older.

The estimated prevalence of influenza-like illness [fever of 100 degrees F or higher with either cough or sore throat] in Wisconsin's primary care patients is at 3.1 percent and increasing.

The most commonly identified viral causes of Acute Respiratory infections (ARI) in Wisconsin are Coronavirus, RSV and Influenza A. Over the past four weeks the typical ARI case presenting for primary care has been 40.6 years old and 61 percent of patients have been female. Half of the patients identified a sick contact 1-to-3 days before illness onset and typically present to the clinic 4.7 days after illness onset. Twenty-four percent of illnesses are characterized as mild, with 69 percent having moderate symptoms and 8 percent having severe symptoms.

In his report, Temte noted there is a good match between this year's vaccine and circulating viruses.