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## **Worker's Comp Premiums Drop Again—And Without a Government Fee Schedule *Provider coalition mobilizes to fight government price controls on care for injured workers***

Effective October 1, Wisconsin employers experienced a significant reduction in worker's compensation premiums for the following year, all without implementing a government fee schedule for health care services.

In June, the Office of the Commissioner of Insurance and the Department of Workforce Development (DWD) issued an announcement stating that employers would see an 8.46 percent reduction in premiums in October 2017—the largest decrease in nearly a quarter century. The decrease in premiums results in \$170 million in savings to employers. In that release, DWD Secretary Ray Allen said, "This is just another indicator for businesses that Wisconsin is a great place to work." The 8.46 percent drop is an overall figure; the manufacturing segment will see a whopping 9.28 percent reduction.

WHA, along with the Wisconsin Chiropractic Association, Wisconsin Medical Society and the Wisconsin Physical Therapy Association, have joined publicly to highlight this latest rate reduction amidst another effort, led by the Wisconsin Manufacturers & Commerce, to enact government price controls for medical care delivered to workers injured on the job.

"While 44 states have worker's comp systems that interfere with the free market via government price setting or preventing injured patients from choosing where to get care, Wisconsin's system allows freedom of the market and freedom of patient choice," the group said. "So even though Wisconsin's rate of injuries on the job is 20 percent above the national average, injured workers use fewer medical services, are more satisfied with their care, initiate fewer litigated claims and return to work faster than every other state in the nation. Wisconsin's health care providers are delivering value to our work comp program."

See the joint press release at [www.wha.org/pubarchive/news\\_releases/nr10-2-17workerscomp.pdf](http://www.wha.org/pubarchive/news_releases/nr10-2-17workerscomp.pdf).

## **WHA Physician Leaders Council Discusses EHR Workload; Public Policy**



*Matthew Stanford, WHA General Counsel; Steve Kulick, MD, Chair, Physician Leaders Council and Chief Medical Officer, ProHealth Care; Chuck Shabino, MD, WHA Chief Medical Officer*

The WHA Physician Leaders Council met October 3 and discussed a range of topics impacting physicians and physician practice within WHA's member hospitals and health systems, including:

- UW's study on EHR-related physician workload;
- WHA activities supporting members' integrated physician enterprise;
- Additional GME funding in the state budget;
- WHA emergency detention reform bill;
- Team-based care and co-signatures;
- Worker's compensation rate setting;
- Medical malpractice non-economic damage caps; and,
- Federal ACA repeal/replace and bundled payment program. *(continued on page 8)*

## Political Action Spotlight

### **Fundraising Campaign Needs Your Help!**

***Next contributor list to be published October 20***

The 2017 Wisconsin Hospitals State PAC & Conduit campaign needs all hands on deck to make goal this year. To date, \$243,000, or 78 percent of this year's \$312,500 fundraising goal, has been contributed by 263 individuals. You can help the campaign pick up the fundraising pace by making or increasing your contribution today at [www.whconduit.com](http://www.whconduit.com). If you contribute by October 19, you will also ensure your name is included on the next list of contributors to run in the October 20 edition of *The Valued Voice*.

"I strongly encourage everyone who cares about Wisconsin's high-value health care system to participate in this worthwhile effort to support Republican and Democrat campaign efforts alike as they prepare for state elections in 2018," said Mike Wallace, 2017 WHA Advocacy Committee chair. "Thank you to the 263 individuals who have already stepped up and contributed this year. Your support is truly appreciated."

The average contribution so far in 2017 is \$924, and \$27,000 has been contributed, on average, each month of 2017. If the campaign can keep up that pace through December, the campaign will exceed this year's fundraising goal. However, this can only happen if YOU join the effort. Contribute today securely at [www.whconduit.com](http://www.whconduit.com) or by calling WHA's Jenny Boese direct at 608-268-1816 or Nora Statsick at 608-239-4535

### **Wisconsin Ranks 2nd in Nation in Electronic Health Records**

***Sec. Seemeyer lauds Wisconsin health care for its string of top rankings***

Wisconsin again leads the nation, this time for the use of Electronic Health Records (EHR), which improves the quality of care for patients. The Office of National Coordinator for Health Information Technology (ONC) ranks Wisconsin second in the nation in the use of EHR, noting that 92 percent of all office-based physicians in the state have adopted or demonstrated meaningful use of EHR. Nationwide, 60 percent of all office-based physicians have demonstrated meaningful use of the technology.

This is the third time in three months Wisconsin has ranked high in health care. Last month, according to the federal Agency for Healthcare Research and Quality (AHRQ), Wisconsin was ranked the top state in the nation for health care, with the highest overall health care quality score. In July, Wisconsin's critical access hospitals (CAHs) were named best in the nation by the federal Health Resources and Services Administration (HRSA) for outstanding quality performance.

Gov. Scott Walker has proclaimed October 2-6 as Health IT Week, in recognition of the advantages of investing in and using technology to improve the quality of health care in Wisconsin.

"What this means for patients is better coordination and quality of care, in addition to better outcomes in the delivery of health care," according to Department of Health Services Secretary Linda Seemeyer. "We're proud of all health care professionals at our hospitals, clinics, and health care facilities who recognize the value of EHR in their efforts to provide exceptional care to patients across the state."

WHA President/CEO Eric Borgerding said Wisconsin hospitals and health systems were early adopters of EHR, which has accelerated their ability to improve the quality and safety of patient care.

"Our hospitals' and health systems' EHR investments have made it possible for providers to access accurate, up-to-date and complete information about patients at the point of care," Borgerding said. "EHR also facilitates the sharing of information among health care professionals and directly with the patient in a secure environment."

For more information visit: [www.healthitweek.org](http://www.healthitweek.org).

## Congress Begins Action on CHIP; 340B Dear Colleagues

With health care repeal and replace on pause, Congress finally turned to other issues it must still address this year. One of those issues is funding for the Children's Health Insurance Program (CHIP). CHIP funding expired September 30 and requires Congressional approval to continue. Some states, like Wisconsin, have not yet fully expended their CHIP funds for this year, but other states will run out of funds in the next few months. The Wisconsin Hospital Association (WHA) strongly urges Congress to act quickly so Medicaid funding and coverage for children continues to be available.

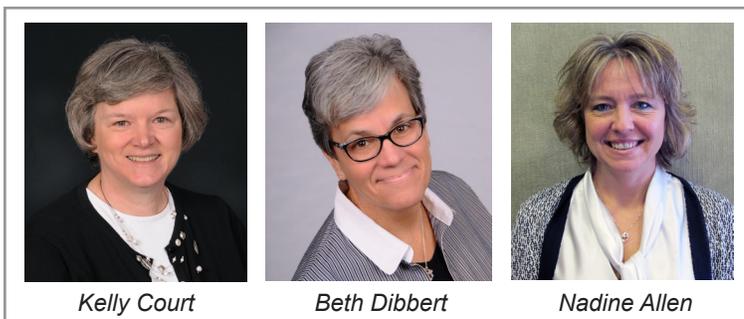
On October 4, the U.S. Senate Committee on Finance voted in favor of legislation extending CHIP funding for five years, but the Committee did not include how to pay for that extension. Also on October 4, the U.S. House Committee on Energy & Commerce voted in favor of extending CHIP for five years, but included a series of pay-fors: adjusting Medicare premiums for seniors making more than \$500,000/year; excluding lottery winners from Medicaid; using billions from the Affordable Care Act's (ACA) prevention fund. In addition to voting in favor of a CHIP extension, the House Committee voted in favor of extending community health center funding.

The two chambers will need to work out their differences on how to pay for the CHIP extension before the legislation can be finalized. During these CHIP conversations, as well as conversations on other must-pass legislation this year, WHA urges Congress to include several important Medicare policies—the Medicare Dependent Hospital and Low Volume Adjustment payments—which expired on September 30.

With respect to the 340B program, two "Dear Colleague" letters from Congress have or will soon be sent to the Centers for Medicare & Medicaid Services (CMS) in response to the agency's proposed changes to 340B payments to hospitals. Under the proposed 2018 Outpatient Prospective Payment System (OPPS) rule, CMS would make drastic payment cuts to some 340B covered entities billing under the OPPS. WHA strongly objects to these cuts and expressed its concern in a comment letter submitted to CMS on September 11 (read here: [www.wha.org/pdf/2017WHA-CY18OPPSCommentLetter9-11.pdf](http://www.wha.org/pdf/2017WHA-CY18OPPSCommentLetter9-11.pdf)).

On September 27, 228 Members of the U.S. House of Representatives sent a jointly signed letter to CMS, urging the agency to "abandon this proposal and redirect its effort toward actions to address the cost of drugs via other policies that would not harm our constituents." Wisconsin House Members Ron Kind, Gwen Moore, Mark Pocan and Mike Gallagher all signed onto the letter. Read the House 340B letter here: [https://images.magnetmail.net/images/clients/AHA\\_MCHF/attach/September2017/340BLetterHouseFINALSigned.pdf](https://images.magnetmail.net/images/clients/AHA_MCHF/attach/September2017/340BLetterHouseFINALSigned.pdf). A similar letter is still circulating in the U.S. Senate. Wisconsin Senator Tammy Baldwin is one of the lead authors of the letter.

## Court Announces Retirement; Dibbert, Allen Will Lead WHA Quality Improvement Program



WHA Chief Quality Officer Kelly Court announced she will retire at the end of 2017. Since 2010, Court has led WHA's quality department and a seven-person team focused on helping WHA members improve performance by measuring and publicly reporting clinical and other measures.

Court brought extensive experience in the design and deployment of quality improvement

methods and measurement systems at both the hospital and clinic level. She has been an asset to the WHA staff and members with her knowledge of clinic and hospital processes that included implementing successful projects to reduce hospital readmissions, improve patient flow, and improve chronic disease management and patient satisfaction. *(continued on page 4)*

## **Continued from page 3 . . . Court Announces Retirement; Dibbert, Allen Will Lead WHA Quality Improvement Program**

“Kelly has brought her expertise in quality improvement to WHA and with that, helped our hospitals and clinics improve the quality and safety of patient care statewide, since 2010,” said WHA President/CEO Eric Borgerding. “Under Kelly’s leadership, quality improvement has become a pillar of WHA’s comprehensive member service and advocacy portfolio. Some of the most notable examples include successfully leading over 100 hospitals in making significant improvements in reducing patient harm and readmissions, modernizing CheckPoint and developing forward-looking quality training programs, including the Quality Residency and Physician Quality Academy. Fittingly, it was during Kelly’s tenure that WHA was recognized for its leadership and innovation in quality improvement when we were awarded the AHA’s Dick Davidson Quality Milestone Award for Allied Association Leadership in 2014. We have been very fortunate to have her working with the WHA team over the past seven years. We wish her only the best in the years ahead.”

Borgerding announced Beth Dibbert will succeed Court as WHA’s chief quality officer. Dibbert joined WHA’s staff as director of quality reporting and performance improvement in 2016. A Certified Professional in Healthcare Quality (CPHQ), she has more than 35 years of health care experience in a variety of roles and settings. Most recently, Dibbert served as a quality services senior manager for the Rural Wisconsin Health Cooperative (RWHC), where she advised members in regulatory and accreditation compliance strategies, quality improvement and clinical quality data management. While at RWHC, Dibbert co-created the Wisconsin Quality Residency with Court, a program designed to provide hospital leaders the training necessary to be successful in the highly dynamic health care quality leadership role.

Dibbert has served on several state and national task forces for clinical quality and patient safety, including serving on The Joint Commission’s technical advisory panel for the creation of a set of critical access hospital-centric quality measures, as well as co-authoring with the Wisconsin Office of Rural Health a set of meaningful use manuals that identify the challenges of electronically reporting.

“Beth has quickly become a resource to our members on issues related to quality improvement and measurement. She brought a new depth of expertise to WHA’s quality department and has been bringing new ideas forward that are aimed at keeping our members informed on issues that have an impact on our hospitals’ ability to deliver top-notch care,” according to Borgerding. “Her leadership and knowledge will be tremendous assets to our members and to our staff.”

Nadine Allen, who is currently a WHA quality improvement advisor, will assume Dibbert’s role as director, quality reporting and performance improvement. Allen was most recently the director of quality at Beaver Dam Community Hospital. She has a bachelor’s degree in industrial engineering and a master’s degree in organizational leadership. Allen’s background in health care, education and manufacturing includes experience with Six Sigma and Lean, improvement tools frequently used by WHA member hospitals.

“We are very pleased Nadine has agreed to step up to a new position at WHA and join Beth in leading our quality improvement programs,” said Borgerding. “Nadine has been working with Kelly and Beth on the Hospital Improvement Innovation Network initiatives and has been advising members on specific projects that will help them achieve the aggressive goals set by the Centers for Medicare and Medicaid Services.”

Dibbert and Allen will assume their new roles January 1, 2018.

## **WI Hospitals Drive Down Infections**

### ***Infection Prevention Week is October 15-21, 2017***

Hospital-acquired infections can be serious and sometimes cause fatal complications. Preventing infections requires constant attention and implementing not one, but multiple strategies to prevent and treat.

“Wisconsin hospitals are preventing infections every day by following protocols and sharing best practices that help reduce and prevent hospital-acquired infections,” according to Beth Dibbert, WHA quality director.

Currently, 82 hospitals are working with WHA in the Hospital Improvement Innovation Network. Wisconsin hospitals are doing better than the national average in preventing central-line blood stream-associated infections, surgical site infections for abdominal hysterectomies and colon surgeries, and hospital-acquired methicillin-resistant *Staphylococcus aureus* and *Clostridium difficile* infections.

“For more than a decade, Wisconsin hospitals have set competitive interests aside and have been working together to share best practices to improve quality in their hospitals,” according to WHA President/CEO Eric Borgerding. “WHA has facilitated these efforts, and we have encouraged and fostered practices and initiatives among our member hospitals that have led to greater transparency and measurable improvement.”

To learn more about Wisconsin hospital quality, visit WHA’s public reporting website: [WiCheckPoint.org](http://WiCheckPoint.org).

## **Partners of WHA Recognize, Celebrate Volunteer Excellence at Annual Convention**

Partners of WHA, Inc. celebrated hospital volunteerism and recognized volunteer excellence at its recent 2017 annual state convention. Partners hosted nearly 300 volunteer members from hospitals across Wisconsin October 3-5 in Green Bay.

An annual highlight of the convention is the hospital CEO panel discussion. This year’s panelists included hospital leaders Andrew Bagnall, FACHE, of HSHS St. Nicholas Hospital in Sheboygan; Ed Harding, FACHE, of Bay Area Medical Center in Marinette; Charisse Oland, FACHE, of Rusk County Memorial Hospital in Ladysmith; and Chris Woleske of Bellin Health System in Green Bay. The panel was moderated by WHA President/CEO Eric Borgerding, and discussion included the topics of planning for the constant changes in health care, the impact of technology on health care, health care workforce issues, and the value and impact of volunteers in the health care setting.

Partners of WHA also awarded their annual Wisconsin Award for Volunteer Excellence (WAVE Award) to four volunteer member organizations, honoring outstanding programs in the categories of community service programs, fundraising, in-service hospital volunteer programs, and community outreach/collaboration. WAVE Award recipients included River Falls Area Hospital Auxiliary in River Falls with their Dignity Quilts program; Ascension Ministry Good Samaritan Volunteers in Merrill with their Discharge with Dignity program; Flambeau Hospital Auxiliary in Park Falls with their Rag Cutters program; and Partners of St. Joseph’s Hospital in West Bend with their Santa’s Workshop – Enchantment in the Park program.

The convention closed with an address from Rep. John Nygren, who addressed health care workforce issues in Wisconsin, as well as the history and current state of his HOPE legislative agenda.

*Partners of WHA is made up of over 10,000 volunteers and auxiliaries at 71 Wisconsin hospitals. Founded in 1951 as Wisconsin Hospital Association Auxiliaries, Partners of WHA, Inc. emphasizes volunteer service and participation in grassroots advocacy, public policy and community health education, and health career programs for Wisconsin hospitals. Additionally, Partners promotes leadership development offering resources and educational seminars to local hospital volunteer and auxiliary groups, and shares information on successful community health education initiatives, advocacy and fundraising activities and trends on volunteerism through a variety of channels, including its quarterly newsletter, *Reaching Out*. More information can be found at [www.partnersofwha.org](http://www.partnersofwha.org).*

## Partners of WHA Honors Javon Bea with “Best of the Best Administrative Award”

Partners of WHA, Inc. presented its 2017 Best of the Best Administrative Award to Javon Bea, president and chief executive officer of Mercyhealth in Janesville at an October 4 luncheon, as part of its annual convention in Green Bay. Each year, this award recognizes an on-site hospital executive who demonstrates a cooperative, supportive, enthusiastic and well-defined relationship with his volunteer organization.



Javon Bea

Bea’s nomination by the Mercyhealth Association of Volunteers shared many examples of him being a “tireless advocate” for the group of hospital volunteers. As part of his nomination, his volunteers shared he is a “critical bridge between our volunteer organization and the larger system,” taking “responsibility as the leader of our volunteer group far beyond that which is required, regularly attending meetings, personally celebrating with our volunteer group and actively volunteering in multiple volunteer programs.”

They also shared that Bea helps them “communicate and coordinate our efforts and is an inspirational champion for our work, exciting other leadership team members and community members about our programs and missions.” They note he provides volunteer services updates to the health system executive council, encouraging them to engage their department staff in volunteer program efforts. He also supports and involves the volunteer association staff in WHA’s Advocacy Day at the state capitol, and “participates in and recruits for our ambassador program, encouraging others to speak with community, civic and corporate organizations in our area about our mission.”

In closing their nomination, the members of the MercyHealth Association of Volunteers stated, “Thanks to (Javon Bea’s) forward-thinking approach, we are more than a service organization within the hospital. Our volunteers have created and maintained programs that operate as their own entities. It has been our honor to work with someone whose every endeavor is truly and honestly focused on making our community a better, healthier place to live.”

For more information on the Partners of WHA Best of the Best Administrative Award, visit [www.partnersofwha.org](http://www.partnersofwha.org).

## Kleinke to Headline Second Annual WISHIN 2017 HIE Summit, Nov. 9



**ILLUMINATING  
WITH INFORMATION**  
**WISHIN**  
WISCONSIN HIE SUMMIT

The Wisconsin Statewide Health Information Network (WISHIN) will host a one-day conference November 9 in Wisconsin Dells at The Wilderness Resort focused on maximizing the value of health information exchange (HIE) with an emphasis on care coordination, data analytics, provider notifications and a comparison of HIE technologies.

J.D. Kleinke, a renowned medical economist, author and entrepreneur, will deliver the keynote address, and Joy Tapper, executive director of the Milwaukee Health Care Partnership, will moderate a panel of care coordination professionals, which includes: Karen Babos, DO, chief medical officer, Molina Health Care; Fred Brodsky, MD, medical director, population health and risk, Aurora Health Care; Elizabeth Claudio, vice president of operations and director of nursing, Sixteenth Street Community Health Centers; Seth Foldy, MD, medical director, My Choice Family Care; and, Kristine Peterka, care management supervisor, Independent Care (iCare) Health Plan.

Online registration and the agenda is at <https://goo.gl/4HKJRn>. Registration is free, but space is limited, so register as soon as possible. For questions regarding registration or content, contact Nate Hunstiger at [nhunstiger@wishin.org](mailto:nhunstiger@wishin.org).

## The Wisconsin Association of Nurse Anesthetists (WIANA) Turns 80

WIANA will celebrate its 80th Anniversary at their fall educational meeting in Madison, October 6-8, 2017. As a professional organization representing more than 850 certified registered nurse anesthetists, CRNAs are leaders in providing safe and accessible anesthesia services throughout Wisconsin.

CRNAs practice in all settings and are the primary providers of anesthesia care in rural areas. CRNAs enable health care facilities to offer anesthesia care of obstetrical, surgical, pain management and trauma stabilization services. Nurse anesthetists have been providing anesthesia for over 150 years, and CRNAs were the first nursing specialty to be accorded direct reimbursement under Medicare in 1986. Managed care plans recognize CRNAs for providing safe, high-quality anesthesia care.

The application process for CRNA education is highly competitive and requires real bedside critical care nursing experience. Core values upheld by all members of this community include academic excellence, professionalism, responsibility and compassion.

Visit [www.wiana.com](http://www.wiana.com) to view the hospital administrators link for information on anesthesia billing models and CRNA scope of practice.

## Member News: HSHS St. Joseph's Hospital Names Oland CEO



*Charisse Oland*

HSHS Western Wisconsin Division administrators announced Charisse Oland, Ed.D, FACHE, as president and CEO of HSHS St. Joseph's Hospital in Chippewa Falls. She will begin serving St. Joseph's November 27. Oland is currently CEO of Rusk County Memorial Hospital in Ladysmith, a position she has held since 2012.

The position at St. Joseph's became available when Joan Coffman, former president/CEO, moved to Decatur, IL, to take the same position at HSHS St. Mary's Hospital.

In 2010, Oland served as regional director of strategy and business development for HSHS Western division. She led the development of a plan to clinically integrate medical group practices and master facility planning in collaboration with the senior executive team. She also administered a community health needs assessment process for the health care community in Western Wisconsin.

Oland currently serves on the WHA Board of Directors as an at-large member, chairs WHA's Council on Rural Health and serves on WHA's Network Adequacy Council and WHA's Post-Acute Work Group.

Recently, Oland received her Doctorate in Leadership from the University of St. Thomas in St. Paul, MN.

## Member News: Aurora's Kingston Elected to Top AONE Post

The American Organization of Nurse Executives (AONE) membership elected Mary Beth Kingston, RN, executive vice president and chief nursing officer at Aurora Health Care, as the 2018 president-elect of the AONE Board of Directors. She will assume the presidency January 1, 2019, leading the national membership organization whose strategic focus is excellence in nursing leadership.

Kingston currently serves on the boards of the Milwaukee Urban League and Mount Mary University. Kingston is a Robert Wood Johnson Executive Nurse Fellow and a recipient of the Pennsylvania Nightingale Award for Excellence in Nursing Administration.



*Mary Beth Kingston*

## Fast Facts from the WHA Information Center

### October is Breast Cancer Awareness Month

Breast cancer is the second most common cancer (behind skin cancer) and second leading cause of cancer death (exceeded only by lung cancer) among women in the U.S. About 1 in 8 (12 percent) women in the U.S. will develop invasive breast cancer during their lifetime.



At this time, there are more than 3.1 million breast cancer survivors in the U.S., but the American Cancer Society estimates about 40,610 women in the U.S. will die from breast cancer in 2017. According to the WHA Information Center, in 2016, there were 481 inpatient admissions, 7,783 outpatient surgeries, and 64,935 other hospital outpatient visits for the diagnosis or treatment of female breast cancer in Wisconsin hospitals.

For more information on breast cancer, visit: [www.cancer.org/cancer/breastcancer/index](http://www.cancer.org/cancer/breastcancer/index).

*Data provided by the WHA Information Center (WHAIC). WHAIC ([www.whainfocenter.com](http://www.whainfocenter.com)) is dedicated to collecting, analyzing and disseminating complete, accurate and timely data and reports about charges, utilization, quality and efficiency provided by Wisconsin hospitals, ambulatory surgery centers and other health care providers.*

## Continued from page 1. . . WHA Physician Leaders Council Discusses EHR Workload; Public Policy

"The WHA Physician Leaders Council is a critical structure to continually advance WHA's member value-focused agenda," says Steve Kulick, MD, chair of the WHA Physician Leaders Council and chief medical officer for ProHealth Care. "This Council serves as WHA's primary resource for informing and guiding WHA decision making on integrated physician advocacy, education efforts and physician leader support."

### ***UW study on EHR-related physician workload***

WHA invited John Beasley, MD, UW College of Engineering, Department of Industrial and Systems Engineering, to present findings and conclusions of a recently published UW Department of Family Medicine and Community Health study on primary care physician workload related to the electronic health record (EHR).

The UW researchers found clinicians spent 5.9 hours of an 11.4-hour workday in the EHR per 1.0 clinical full-time equivalent. The study tracked and measured non-resident UW family practice physician work and interactions with the EHR over a three-year period beginning in 2013.

Documentation, order entry, billing and coding, security and other clerical and administrative tasks accounted for 2.6 hours of the workday, and inbox management accounted for an additional 1.4 hours. The study also found that 1.4 hours of EHR time occurred outside of 8 a.m. to 6 p.m. clinic hours.

"This study helps to move the conversation within organizations and with policymakers on EHR burden related physician burnout from discussion to actionable quantitative metrics," said Chuck Shabino, MD, WHA chief medical officer.

"For policymakers, the study also highlights the cumulative effect that regulatory burden has on physicians' time," said Matthew Stanford, WHA general counsel. "A physician's workday is a finite resource, and WHA will continue to work with policymakers to reduce regulatory burdens to help ensure more of that time is spent providing care to patients." *(continued on page 9)*

## Continued from page 8. . . WHA Physician Leaders Council Discusses EHR Workload; Public Policy

Building on its 2016 work developing the WHA Physician Engagement and Retention Toolkit, the Council began a discussion of potential next steps and partnerships WHA could undertake to build awareness of this UW study and develop further educational and policy solutions to reduce inefficient physician workload.

The article, "Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time Motion Observations," appears in the September/October 2017 *Annals of Family Medicine*, and the full article can be viewed at [www.annfammed.org/content/15/5/419.full.pdf](http://www.annfammed.org/content/15/5/419.full.pdf).



*The Physician Leaders Council meeting at WHA, October 3, 2017*

### **WHA activities supporting members' integrated physician enterprise**

The Council continued its dialogue on how WHA can best support its members' integrated physician enterprise now and in the future. The Council is a key component of WHA's efforts to continuously define and identify how best WHA can meet its members' needs in support of their integrated physician enterprise.

"As WHA's members' focus has evolved beyond the traditional 'walls' of the hospital to a presence as local and regional integrated health systems, WHA's focus has similarly evolved," said WHA Chief Medical Officer Chuck Shabino, MD. "The physician component of our members' enterprise is significantly larger, and WHA has been evolving to respond to those changes by focusing on WHA activities and strategic partnerships to incorporate, from the system prospective, physician issues, opportunities and initiatives."

### **State legislative and regulatory updates**

**Additional graduate medical education (GME) funding in the state budget:** One of WHA's 2017 state budget advocacy priorities was to increase Wisconsin's investment in the state's GME matching grant program to help expand access to GME programs in Wisconsin. Leading a coalition of organizations including the Wisconsin Academy of Family Physicians, the Wisconsin Council on Medical Education and Workforce, the UW School of Medicine and Public Health and the Medical College of Wisconsin, WHA budget efforts were successful. The final budget includes \$1.5 million in new state funding and preserves \$1 million in funding set to lapse to support the state's GME program.

"Wisconsin's aging physician workforce and aging patient population is creating challenges for the state's health care delivery system. Data shows Wisconsin needs between 2,000 and 4,000 additional physicians by 2035," said Shabino. "We know graduate medical education is a key factor in where physicians end up practicing, and funding GME is a successful model to recruit and retain physicians in Wisconsin."

*(continued on page 10)*

## **Continued from page 9. . . WHA Physician Leaders Council Discusses EHR Workload; Public Policy**

**Emergency detention reform:** Matthew Stanford, WHA general counsel, provided an update on WHA's long time work to develop and introduce a bill that would clarify a health care provider's liability in emergency detention situations and that would align Wisconsin's emergency detention statute with the federal EMTALA law. Stanford said this WHA-led bill introduced this week is the culmination of multiple years of work to address concerns raised to WHA by member organizations' emergency department physicians that they may have obligations under state and federal law that Wisconsin's emergency detention law does not permit them to fulfill.

"Multiple entities are involved in and have a stake in Wisconsin's emergency detention process," said Stanford. "Hospitals, physicians, counties and law enforcement each have their own perspectives, authorities and obligations. WHA has engaged members and those stakeholders in multiple years of discussions, proposals and drafts to reach agreed-to bill language that protects physicians and hospitals by better aligning health care providers' obligations with their authorities under Wisconsin's emergency detention law."

**Team-based care and co-signatures:** Stanford also provided an update on WHA's ongoing work to remove regulatory barriers to team-based care. In particular, Stanford addressed questions regarding physician co-signatures and WHA's work with the Department of Health Services to address confusion regarding the need for physician co-signatures of services provided by advance practice providers.

**Worker's Compensation rate setting:** Kyle O'Brien, WHA senior vice president, government relations, discussed WHA's efforts and partnership with the Wisconsin Medical Society and other organizations to push back a proposal to establish government rate setting/fee schedule in the worker's compensation program.

**Medical malpractice non-economic damage caps:** Stanford briefed the Council on the status of the *Ascaris Mayo v. IPFCF* case challenging the constitutionality of Wisconsin's \$750,000 non-economic damage cap in medical malpractice cases. Stanford discussed WHA's strategy regarding the challenge to this important bipartisan public policy, including WHA's close collaboration with the Wisconsin Medical Society on this issue. He said WHA is preparing for Supreme Court briefing in the case around the start of the new year.

### ***Federal ACA Repeal/Replace Update***

Joanne Alig, WHA senior vice president, policy and research, provided a report to the Council on the latest developments related to ACA repeal/replace in both Washington, D.C. and Madison, including WHA policy priorities and advocacy strategies. Alig highlighted the inclusion of language in the Graham-Cassidy-Heller-Johnson bill that would include funding formulas to correct the distribution of money under the ACA in order to "reflect the unique circumstances of many states, including recognizing the innovative reforms of Wisconsin."

Alig and the Council also discussed impacts of the recent changes to the CMS bundled payment program on organizations that had been participating in that program.