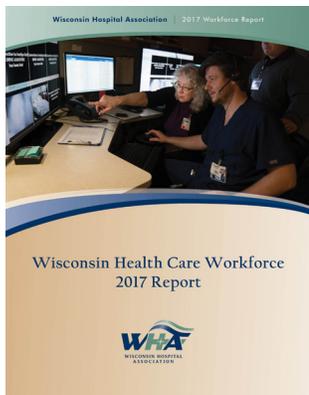


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Hospitals Find Experienced Nursing, Entry-Level Positions Difficult to Fill WHA report says team-based care will help address workforce gaps, while innovation, technology change how care is delivered

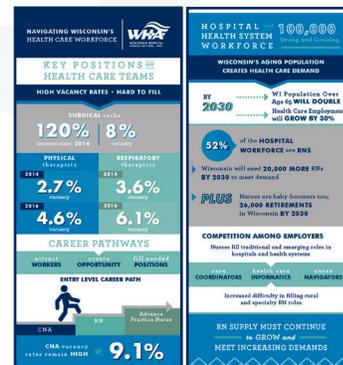


Hospitals and health systems are not immune to the workforce struggles all employers are facing as the number of available workers continues to decline and baby boomers retire. That leaves positions that require experienced professionals difficult to fill in hospital intensive care units, operating rooms and highly specialized care units, such as oncology and surgery.

“Employers will need strategies, such as flexible or shorter shifts, less physical work and ‘as needed’ positions to keep the boomers, with all their

experience, working a few years longer,” according to Ann Zenk, Wisconsin Hospital Association (WHA) vice president, workforce and clinical practice.

A new WHA report (www.wha.org/pdf/2017workforcereport_web.pdf) indicates that with the number of people over age 65 living in Wisconsin expected to double by 2030, the health care workforce will need to grow more than 30 percent to meet the demand for care. That growth is dependent on health care organizations successfully competing for entry-level applicants. *(continued on page 7)*



State Senate, Assembly Approve WHA State Legislative Priorities Bill maintaining Wisconsin's nurse licensure compact status heads to Governor Walker

During the first week of the Legislature's fall legislative floor period, both the Assembly and Senate acted upon several health care related bills—two of which have been key WHA-led initiatives.

On October 31, the state Senate was the first chamber of the Legislature to unanimously approve Senate Bill 417 (see at <https://docs.legis.wisconsin.gov/2017/proposals/sb417>) ratifying the enhanced Nurse Licensure Compact in Wisconsin. Since 2000, nurses in Wisconsin have been able to participate in an interstate licensing agreement that allows them to practice in Wisconsin and 24 other compact states under a single multi-state license. Over 112,000 nurses in Wisconsin currently enjoy the benefit of this multi-state license arrangement. To encourage more states to participate in this agreement, the compact was updated and quickly adopted by nearly all existing compact states. The new compact takes effect January 19, 2018 prior to the February licensure renewal period for all registered nurses in Wisconsin.

Senate Bill 417 was approved by the Assembly November 2, clearing the way for this bill to be sent to the desk of Gov. Scott Walker for his signature. The Governor has already publicly expressed his support for Senate Bill 417 by incorporating the legislation into his recently released "Rural Agenda." WHA expects the bill to be signed into law in the coming weeks. *(continued on page 8)*

CMS Finalized Significant Payment Cut to Certain 340B Hospitals ***Rule includes direct supervision enforcement moratorium, IP only change***

On November 1, 2017, the Centers for Medicare & Medicaid Services (CMS) released the final 2018 Outpatient Prospective Payment System (OPPS) rule, including a significant reimbursement cut to certain 340B “covered entities” billing under the OPPS. In doing so, CMS ignored the voice of a majority of both the U.S. Senate and U.S. House of Representatives and unified opposition from 340B providers when it finalized this payment cut.

“WHA strongly opposes all aspects of the CMS change to the 340B payments for our safety-net hospitals,” said WHA President/CEO Eric Borgerding. “We are reviewing all possible actions to fight this cut and believe CMS has overstepped its bounds. We are very pleased to see the American Hospital Association, the Association of American Medical Colleges and America’s Essential Hospitals have already announced they will pursue litigation on this policy.”

Under the new policy, CMS will no longer reimburse certain 340B covered entities at the normal Medicare OPPS reimbursement rate of the Average Sales Price (ASP) +6 percent. Instead, it will now reimburse 340B drugs at ASP -22 percent—an almost 30 percent reduction in reimbursement. This payment change applies to separately payable drugs. It does not apply to vaccines or pass-through payments.

Impacted 340B providers include those that qualify for the program as a “Disproportionate Share Hospital” or a Rural Referral Center. CMS does exempt two 340B categories of covered entities from the policy: children’s hospitals and sole community providers. Others who are not impacted by this policy include critical access hospitals (CAHs), since they do not bill under the OPPS. CMS explicitly states this in its final rule, “As a point of further clarity, CAHs are not included in this 340B policy change....” One other caveat, non-grandfathered, provider-based hospital outpatient departments are also not impacted since they are no longer able to bill under the OPPS, but are required to bill under the Physician Fee Schedule.

CMS will require 340B covered entities to submit a modifier on their OPPS claims beginning January 1, 2018. Impacted 340B providers will submit the modifier “JG” while exempted covered entities will submit the modifier “TB.”

In the final rule, CMS doubles the estimate of how much the agency will save under this new policy, going from \$900 million to \$1.6 billion. CMS indicates it will maintain budget neutrality with this change; therefore, these dollars will be redistributed with the OPPS to all hospitals paid under the OPPS through an increased payment rate of 3.2 percent for nondrug items and services furnished under the OPPS for CY 2018.

“On so many levels, this policy is egregious,” said Jenny Boese, WHA vice president, federal affairs & advocacy. “We believe CMS lacks the statutory authority to implement this change, believe their decision to do so undermines the intent of the program, is negatively redistributive to our safety-net hospitals and ignores facts of policy and statutory authority.”

The final rule removes total knee replacements from the inpatient only list. This means that these surgeries may now be performed in either the inpatient or outpatient setting and still be covered by Medicare.

A small, bright spot in the final rule is CMS’s decision to reinstate its enforcement moratorium on the direct supervision policy for outpatient therapeutic services furnished in CAHs and small rural hospitals having 100 or fewer beds. This moratorium begins in 2018 and extends through 2019. However, this means the direct supervision policy for these smaller, rural hospital remains in place for 2017.

Political Action Spotlight

WI Hospitals State PAC/Conduit Campaign

Fundraising campaign tops \$261,000

The 2017 Wisconsin Hospitals State PAC & Conduit campaign topped the \$261,000 mark this week with contributions from 277 individuals. This puts the campaign at 84 percent of goal. There are only eight weeks left to make your contribution for 2017! Make an impact by contributing today.

Make sure your name is on the next full list of 2017 Wisconsin Hospitals State PAC & Conduit contributors, which will run soon. Contribute today at www.whconduit.com or by calling WHA's Jenny Boese at 608-268-1816 or Nora Statsick at 608-239-4535.

Annual WHA Physician Leadership Development Conference, March 9-10, 2018

Early bird discount available; register today

Registration is now open for WHA's 13th annual Physician Leadership Development Conference, scheduled March 9-10, 2018 at The American Club in Kohler.

The full conference brochure is included in this week's packet. Online registration is available at www.wha.org or directly at www.cvent.com/d/ktqI9j. Discounted registration is available to those registering by January 15, 2018.

This year's conference will include a full-day session with presenter Allison Linney called "A Leader's Guide to Resolving Conflict." This session will focus on the skills needed to make conflict productive, make attendees aware of their own conflict styles, and allow them to practice conflict management and effective communication skills. In addition, a half-day session called "Putting High Reliability Organizing (HRO) to Work," led by Craig Clapper, will focus on the physician leader's role in shaping performance culture, discussing the principles of high reliability organizing, and demonstrating various skills physician leaders can use to shape culture. Continuing medical education credits are available again this year.

Both Linney and Clapper 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 or 608-274-1820.

WHA's Special Needs Dental Patients Work Group Begins its Work

WHA's engagement in access to oral health care is one example of WHA's work beyond the hospital walls. As part of its oral health care agenda, WHA recently formed a Special Needs Dental Patients Work Group, which held its first meeting October 31. The goal of the work group is to develop a proposal to address the severe lack of dental care in Wisconsin for patients with special needs.

Dental patients with special needs are individuals with physical, medical, developmental or cognitive conditions resulting in substantial functional limitations which require treatment modifications in order to provide them with comprehensive oral health care services. Treatment modifications may include providing dental care in a hospital setting under general anesthesia, and many Wisconsin hospitals are currently providing surgical suite access to dentists to treat patients with special needs.

(continued on page 4)

Continued from page 3 . . . WHA's Special Needs Dental Patients Work Group Begins its Work

Members of the work group are:

- Mark Hamilton, Vice President, UW Hospital and Clinics and Executive Director of Wisconsin Dialysis, Madison
- Steve Francaviglia, President, Greater Milwaukee South Market, Aurora Health Care
- Donna Gliniecki, Social Worker, Marshfield Clinic, Wausau
- Ron Bullen, Director of Surgical Services, Oconomowoc Memorial Hospital/ProHealth Care, Waukesha
- Chris Brabant, Executive Director Surgical Services, HSHS St. Mary's Hospital Medical Center, Green Bay
- Sandra Brekke, Senior Consultant Population Health, Gundersen Health System, La Crosse
- Lori Barbeau, DDS, Medical Director, Children's Hospital of Wisconsin Dental Center, Milwaukee
- Pamela Fraser, Director, Dental Services, Children's Hospital of Wisconsin, Milwaukee



WHA's Special Needs Dental Patients Work Group first meeting October 31.

The work group identified barriers to adequate and consistent access to necessary dental treatment for these patients. The barriers include poor Medicaid reimbursement for dental procedures, a lack of training opportunities in Wisconsin for hospital-based dentistry, a need for care coordination, an insufficient comfort level among dentists working with complex special needs dental patients, a shortage of dentists with higher level sedation permits, and a shortage of sufficiently equipped dental suites in hospitals.

The work group will meet again before the end of the year to review information on patients with special needs and identify policies that could address the barriers to care identified at its first meeting.

For more information on the Special Needs Dental Patients Work Group, contact Laura Rose, WHA vice president, policy development, at lrose@wha.org.

Be Involved: Join a WHA Council or Committee

WHA is currently soliciting appointment requests from WHA members to participate in WHA councils and subcommittees. Now is your opportunity to participate on the councils that are at the forefront of identifying key policy issues for the membership and making recommendations on positions to the WHA Board.

The following councils and committee are seeking member participation:

- Advocacy Committee
- Council on Finance and Payment
- Council on Public Policy
- Council on Rural Health
- Council on Workforce Development
- WHA Physician Leadership Council

Additional information including council responsibilities and current member information is located at www.wha.org/Data/Sites/1/aboutwha/WHAcouncilResponsibilities10-17-17.pdf. To be considered for a council or committee, sign up online at www.surveymonkey.com/r/TDYR9KK. Direct questions to Sherry Collins at scollins@wha.org or 608-274-1820.

Grassroots Spotlight

Grassroots Efforts Help Buoy eNLC Passage

From testifying to meetings to emails, eNLC now awaits Governor's signature



Buoyed by grassroots advocacy from hundreds of individuals, the state Legislature overwhelmingly approved the enhanced Nurse Licensure Compact (eNLC) legislation. The

legislation now goes to Gov. Scott Walker for his signature. (See full article on page 1.)

Throughout the legislative process, grassroots advocacy was important to help secure quick passage of the eNLC legislation by year's end. Doing so was necessary for a seamless transition to occur from the current nursing compact to the new compact.

An initial push for support came when over 800 emails were sent by WHA's HEAT grassroots network to legislators. Those emails urged legislators to officially "cosponsor" this eNLC legislation.

The emails plus the work of lead authors—Rep. VanderMeer, Sen. Marklein, Sen. Cowles, Sen. Olsen, Rep. Tranel, and Rep. Ripp—along with WHA's lobbying team and partners, resulted in 95 legislative cosponsors. That's 72 percent of the entire Legislature officially signing on to the bill—likely, the most cosponsors WHA has seen on a WHA-backed bill!

A key advocate on this legislation was from within the state Legislature—Rep. Nancy VanderMeer, one of the lead authors of the legislation. Her efforts in support of the bill included testifying at hearings, urging the support of her colleagues, working with WHA and others, and meeting with her local hospitals about this issue.

In fact, Rep. VanderMeer visited Tomah Memorial Hospital (TMH) in October to share information on the eNLC legislation with local hospital leaders. During her visit, she said the legislation was important in order to reduce the regulatory burden on nurses looking to practice in the state and that she thought the bill should pass both the Assembly and Senate by the end of the year.

"Due to the wide bipartisan support in both houses, I think we will see a successful outcome," said Rep. VanderMeer during her visit to TMH.

She was right! The legislation is awaiting Gov. Walker's signature.

(continued on page 6)



Top Photo Left to Right: Rep. Nancy VanderMeer, left, meets with Tomah Memorial Hospital staff, including; CFO Joe Zeps; Chief Nursing Officer Tracy Myhre, RN, MSN; Quality Director Shelly Egstad, RN, MASL; CEO Phil Stuart; and, Human Resources Director Brenda Reinert. Bottom Photo Left to Right: Tomah Memorial Hospital Emergency Department Director Suzanne Downing, RN, BSN and Shelly Egstad, RN, MASL with Rep. VanderMeer.

Grassroots Spotlight (continued)



Top photo: Erica Brunkow and Steve McCarthy of Southwest Health (Platteville), Rep. VanderMeer, Sheryl Krause of Fort HealthCare in Fort Atkinson and Ann Zenk, WHA. Bottom photo: McCarthy, Brunkow, Zenk and Krause testifying at one of the public hearings

Continued from page 5 . . . Grassroots Efforts Help Buoy eNLC Passage

Besides benefiting nurses, VanderMeer told TMH leaders the legislation would be good for residents across the state.

"I think the winners are the patients across the state of Wisconsin because any time we can bring additional access to great health care, that's who benefits, and we have to continue working toward that always."

The eNLC effort included strong collaborations between WHA and the Wisconsin Board of Nursing, nursing organizations and impacted hospitals who all rallied together to propel this bill through the legislative process, including testifying together at multiple public hearings.

Textbook grassroots advocacy, coalition-building and lobbying on a great public policy issue for the nursing workforce in Wisconsin.

Thank you to everyone who played a role in this legislative success!

Fast Facts from the WHA Information Center

November is National Pancreatic Cancer Awareness Month

Pancreatic cancer accounts for about 3 percent of all cancers in the U.S., and about 7 percent of cancer deaths.

According to the WHA Information Center, there were 1,740 inpatient admissions and 18,523 outpatient visits to Wisconsin hospitals in 2016, for the primary treatment or evaluation of pancreatic cancer.

The American Cancer Society's most recent estimates for pancreatic cancer in the United States for 2017 are:

- About 53,670 people will be diagnosed with pancreatic cancer.
- About 43,090 people will die of pancreatic cancer.
- The average lifetime risk of developing pancreatic cancer is about 1 in 65 (1.5 percent).

Some risk factors for pancreatic cancer include tobacco use, being overweight or obese and workplace exposure to certain chemicals.

For more information on pancreatic cancer, visit: www.cancer.org/cancer/pancreaticcancer/index.

Data provided by the WHA Information Center (WHAIC). WHAIC (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 . . . Hospitals Find Experienced Nursing, Entry-Level Positions Difficult to Fill

Unlike many other employers, hospitals offer a career pathway for most entry-level professions. For example, a certified nursing assistant can advance to registered nurse and then pursue an advanced degree and become a nurse practitioner. Hospitals list advanced practice nurses as one of their most sought after and difficult positions to recruit. (See infographic at www.wha.org/pdf/2017WorkforceInfographic.pdf.)

“It is critical that we have a pipeline of advanced practice nurses, respiratory therapists, surgical technicians and physical therapists. These positions are among the hardest to replace,” Zenk said.

The good news is that millennials are showing increased interest in health care professions.

“As a generation, millennials want to make a difference. They value teamwork and they form strong bonds with their employers, all values that are embodied in health care,” according to Zenk. “Not only are they eager to serve patients, they also want to be actively involved in their workplace and bring new ideas that will help shape the future of health care.”

Technology, innovation are changing care delivery, creating new roles

Health care leaders recognize that new models of care must leverage health care professionals’ time, while ensuring patients receive the care they need, when they need it, as close to home as possible.

Advanced in-home technology is being used to monitor patients with chronic conditions so they do not need to travel to the clinic or hospital. Patients can be remotely monitored by nurses, physicians or therapists who can facilitate self-care, or direct patients to the appropriate care setting if their health cannot be managed in the home.

Telemedicine has brought the expertise of specialists located anywhere in the country to the bedside and exam room to diagnose, monitor and treat patients. According to the WHA survey, over 75 percent of Wisconsin hospitals have implemented some form of telemedicine. Physician specialists are often difficult to recruit, but through telemedicine, their expertise can be available to hospitals and clinics in rural areas of the state.

Innovation in how care is delivered expands access to medical services as teams of health care professionals share the responsibility for patient care. These care teams can be comprised of, for instance, a physician, physical therapist, dietician, social worker, pharmacist and nursing assistant. Together, they apply their specific skillsets to meet the needs of the patient.

The Future Is Now: WHA Workforce Recommendations

Wisconsin is consistently ranked as having the highest quality of health care in the nation. That standard of care is only possible if there is a highly skilled, adequate workforce. Key recommendations WHA makes in the 2017 report to help ensure the demand for health care can be met today and into the future:

- Nursing schools at all levels should collaborate with one other and with key stakeholders to ensure that faculty supply is aligned to demand for nurses in the workforce.
- Educators should continue to create innovative solutions, such as online, accelerated and early entry programs, to support a nursing career pathway to advanced degrees for clinical practice, education and informatics.
- State government has a critical role in growing the workforce locally by supporting grant programs that help hospitals and their partners develop training programs that offer opportunities for advancement for entry-level positions.
- Policymakers and state agencies must understand and seek to reduce the impact of burdensome regulation and documentation requirements that do not improve patient care and may hinder access; a clinician’s workday is a finite resource. *(continued on page 8)*

Continued from page 8 . . . State Senate, Assembly Approve WHA State Legislative Priorities

The Assembly also unanimously approved Assembly Bill 529 (<https://docs.legis.wisconsin.gov/2017/proposals/ab529>) November 2, legislation that clarifies a section of Wisconsin state law referencing the ability for providers to order services for Medicaid patients. The bill, which was drafted by the Wisconsin Department of Health Services (DHS) and is supported by WHA, provides better clarification to health care providers that Wisconsin's Medicaid program recognizes orders made by physicians and non-physician providers alike. The bill does not change any provider's scope of practice and maintains the already recognized Medicaid policy acknowledging valid orders made within a provider's scope of practice under statutes, rules, and regulations governing the provider's practice.

State Rep. John Nygren (R-Marinette) and Sen. Leah Vukmir (R-Brookfield) are the lead authors of Assembly Bill 529. The bill is expected to be approved by the state Senate early next week.

CNA Training, Community Paramedic Bills Move Forward

The Senate and Assembly both approved a variety of other health care related bills during action this week. One reduces the number of training hours required by Wisconsin's DHS for a certified nursing assistant (CNA) to be credentialed in Wisconsin. Currently, CNAs are required to undergo 120 hours of training including 32 hours of clinical experience. Assembly Bill 432 (<https://docs.legis.wisconsin.gov/2017/proposals/ab432>), which was approved by the Assembly November 2, would reduce the training requirement to no more than 75 hours with 16 hours of clinical training—mirroring the requirements in place in Michigan, Iowa and Minnesota. The bill passed on a party-line vote in the Assembly and will need action yet in the Senate before it moves to Gov. Walker for his approval.

The Senate also took final action on Assembly Bill 151 (<https://docs.legis.wisconsin.gov/2017/proposals/ab151>), which provides DHS with the authority to approve non-emergency services by EMS providers, more commonly known as "community paramedics" or "mobile integrated health" providers. While the bill will authorize DHS to approve services that can be provided by a community paramedic program, it prohibits any community paramedic from duplicating services already available to the patient. Several WHA members have developed successful partnerships with local EMS providers to help serve patients with chronic illness in their community.

Assembly Bill 151, which already passed the Assembly in April, moves on to Gov. Walker for his review and approval.

For more information on any of these items, contact Kyle O'Brien, WHA senior vice president, government relations, at kobrien@wha.org.