WISCONSIN HOSPITAL ASSOCIATION

The Valued Voice

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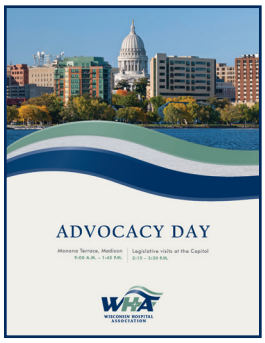
Register Now for WHA Advocacy Day 2017, April 19

You won't want to miss this premier health care event



Over 1,100 hospital and health system leaders, employees, trustees and volunteers are expected to descend on Madison April 19 for the Wisconsin Hospital Association's premier Advocacy Day event. This year's event is perfectly timed—April 19—to fall right during legislative action on the biennial state budget bill, which means hospital advocates will be able to speak up about important budget issues like Medicaid, behavioral health and workforce funding. Advocacy Day is free, but registration is required. Register today at: www.cvent.com/d/svqylc.

The Advocacy Day 2017 morning keynote is Amy Walter. Known as one of the best political journalists covering Washington, D.C., Walter is national editor of the *Cook Political Report* and the former political

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"I am a new board member at our local hospital. I can't tell you how much I learned. I will NEVER miss a WHA Advocacy Day. It was tremendously educational for me."
- 2016 Advocacy Day attendee and hospital trustee

"Advocacy Day provided me with a strong connection as to why I LOVE my career in health care. It was an inspirational day, despite all of the challenges our industry faces. It was great to be able to share our individual voices in a collective way to raise awareness for important issues in health care."
- 2016 Advocacy Day attendee and hospital employee

"I think it is extremely powerful that the hospitals could come together and speak as a unified force."
- 2016 Advocacy Day attendee

Worker's Comp Research Shows Positive Results for Wisconsin

Low opioid use, low medical price growth...and falling premiums

The State's Worker's Comp Advisory Committee received some good news at their February 14 meeting: Wisconsin is one of the lowest of 25 states when it comes to opioid use, and there has been little change in Wisconsin non-hospital medical prices from 2014 to 2015.

Staff from the Worker's Compensation Research Institute (WCRI) provided the Council with two presentations at their meeting. The first summarized lessons from studies on opioid prescribing reforms. The data showed variation in the use of opioids with Wisconsin ranking third lowest out of 25 states in what is called the "morphine equivalent amount." The WCRI study covers the time period before 2015, and since then the state has taken tremendous strides in combating opioid abuse with the help of Rep. John Nygren's HOPE legislation, and with the provider community coming together with the Attorney General in his "Dose of Reality" campaign. WCRI staff said a newer release of their opioid research is expected to be released later this year.

In the second presentation, WCRI staff updated the Council on the latest research findings about worker's compensation overall. As in past years, the study continues to show Wisconsin has a relatively low percentage of workers who lose more than seven days of work after injury, low litigation, steady utilization, lowest number of injured workers reporting "big problems" getting medical services and

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lowest percentage of injured workers that are "very dissatisfied" with overall care. With respect to medical prices, in 2014-2015, medical prices for non-hospital services grew just 1.8 percent.

All of this is good news for Wisconsin's injured workers. As reported in last month's *Valued Voice* (www.wha.org/pubArchive/valued_voice/WHA-Newsletter-1-13-2017.htm#4), the Council also heard from Bernie Rosauer, president of the Wisconsin Compensation Rating Bureau (WCRB)—the independent agency that establishes rates charged by insurance companies for worker's compensation insurance coverage in Wisconsin—who discussed the positive attributes of Wisconsin's worker's compensation system. In a presentation provided to the Council, Rosauer reminded the Council that worker's compensation insurance rates decreased by -3.19 percent in 2016 for all job classifications in aggregate, but decreased even more for manufacturing at -5.00 percent. Rosauer noted that Wisconsin has "got a good thing going" with its worker's compensation system, and that other states are aware of Wisconsin's well-functioning system.

Expansion of Rural Broadband Grant Program Proposed in New Bill

Broadband expansion also proposed in Governor's state budget

As part of the Rural Wisconsin Initiative to improve infrastructure and meet the needs of rural communities in Wisconsin, Sen. Howard Marklein (R-Spring Green) and Rep. Romaine Quinn (R-Rice Lake) are circulating a bill for co-sponsorship that makes several changes to advance broadband infrastructure in underserved areas of Wisconsin.

The proposed legislation incorporates proposals promoted by Gov. Scott Walker in December 2016 and in the 2017-19 executive budget bill as well as recommendations made by the 2016 Study Committee on Rural Broadband. The proposed bill would:

- Allocate an additional $15.5 million to the Rural Broadband Expansion Grant Program for additional 2017 grant awards from surplus and unencumbered funds in various telecommunications program funds.
- Remove limitations to the total annual value of grants that may be made through the Rural Broadband Expansion Grant program.
- Incorporate new priority criteria and definitions for the Rural Broadband Expansion Grant Program that were recommended by the Study Committee on Rural Broadband. One of those new criteria includes a requirement that the grant program consider impacts of a proposed grant on the ability of individuals to access health care services from home and the cost of those services.
- Prohibit the Department of Natural Resources (DNR) and the Department of Transportation (DOT) from requiring any appraisal or charging any fee prior to granting an easement for construction of broadband infrastructure in underserved areas.
- Reallocate funding for and makes changes to the Technology for Educational Achievement (TEACH) Program.

In September 2016, WHA and Hospital Sisters Health System (HSHS) testified to the Legislative Study Committee on Rural Broadband regarding the importance of the Rural Broadband Expansion Grant Program. They said affordable, fast and reliable broadband is becoming increasingly connected to improving and ensuring access to health care in Wisconsin, particularly in rural areas of the state. WHA and HSHS also made recommendations for advancing rural broadband infrastructure, including explicitly recognizing and considering health care-related impacts when evaluating applications for the Rural Broadband Expansion Grant Program.

"Hospitals and health systems appreciate the Legislature's and the Governor's efforts to promote affordable, fast reliable broadband access throughout Wisconsin," said WHA President/CEO Eric Borgerding. "For health systems and the communities they serve, affordable, fast, reliable broadband at remote rural hospitals and clinics and at home is increasingly a means to improve access to and reduce health care expenditures in rural areas through telemedicine and emerging technologies."

President's Column

Obamacare Debate Brings High Stakes for Wisconsin

By Eric Borgerding, President and CEO

It seems we may soon see action on the ACA, and nowhere will debate be more contentious or high stakes as in Medicaid where two huge issues are in play—funding for states and spending limits. They are intertwined, must be considered together, and in the end cannot penalize states like Wisconsin that did indeed expand Medicaid, though not as prescribed by Washington.

First, creating spending caps in Medicaid does not diminish the need for this safety net program, nor does it lessen the need for care in our hospitals, emergency rooms and clinics. Demand for Medicaid is driven by social and economic factors that are often beyond the control of an individual, a state or a health system. And there are components of Medicaid, including coverage for the elderly and disabled, that will continue to be expensive and that in an inflexibly capped expenditure environment will crowd out other in-need populations. These dynamics could be particularly troubling in states like Wisconsin that did not adopt ACA-defined Medicaid "expansion" and must be factored into whatever comes next.

Giving states more program flexibility, as is being floated under all the Medicaid proposals, holds promise if exercised prudently and done within a Medicaid program that remains a responsive safety net. But giving states greater flexibility is not a substitute for more equitable funding.

Which brings me to the second, and in some ways even more critical and primary issue—establishing the base level of federal Medicaid funding for each state going forward. This must be done in a manner that treats all states fairly. If not, those that either rejected ACA Medicaid expansion or, like Wisconsin, expanded coverage their own way and with their own money will be harshly penalized under new funding formulas. Sounds strange that in this anti-Obamacare environment a state that actually rejected one of its most heavy-handed federal dictates could indeed be punished for doing so, but it's true.

Here's why - the Obama Administration defined "expansion" as making people with incomes up to 138 percent of the federal poverty level (FPL) eligible for Medicaid, regardless of how many people a state might actually add to Medicaid. In other words, expand their way and the Feds would cover up to 90 percent of the cost of doing so…expand a different way, no enhanced funding. This "policy lever" has worked for 31 states, but for 19 it has not, including Wisconsin. Congress and the President should now redefine Medicaid "expansion," including recognizing how it has been and, as importantly, how it can be achieved.

Here's why they must - after rigorous debate, Wisconsin rejected Obamacare-defined "expansion" but instead added 130,000 people below 100 percent FPL, those "in poverty," to Medicaid. But according to Washington, this was not "expansion," and thus not eligible for enhanced federal funding. It is a consummate example of Washington's "our way or the highway" mentality that has created a state patchwork of Medicaid haves and have nots that is proving one of the biggest snags in the repeal and replace debate.

Our rough estimate puts the added cost to Wisconsin for not "expanding" Medicaid the Washington way, (despite adding 130,000 impoverished people to our Medicaid program) at about $280 million per year. In other words, 31 states receive nearly 100 percent federal funding for the exact same population that Wisconsin now spends over a quarter-billion dollars per year to cover. Since 2014 we have been essentially penalized upwards of one billion dollars while expanding coverage to 130,000 of our most vulnerable, impoverished citizens. This could also mean Wisconsin will receive fewer federal Medicaid dollars under new funding formulas and spending caps now being considered in the Obamacare replacement.

This is more than a math exercise. These are dollars that could be used to expand our diminishing health care workforce, train more primary care doctors, improve access in underserved rural and urban

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Grassroots Spotlight

Children's Hospital of Wisconsin Hosts Milwaukee Legislators

Children's Hospital of Wisconsin (CHW) hosted 12 Milwaukee-area legislators January 27. While at CHW the legislators were able to tour the emergency department, the Herma Heart Center and also learn about various community health programs, including Project Ujima, school nurses and community health navigators.

Pictured from L to R: Rep. JoCasta Zamarripa, Rep. David Crowley, Rep. Christine Sinicki, Rep. Evan Goyke, Diana Vang-Brostoff and Rep. Jonathan Brostoff (foreground), Sen. Chris Larson, Rep. David Bowen, Michelle Mettner (CHW), Rep. Daniel Riemer, Rep. Josh Zepnick, Dr. Marc Gorelick (CHW), Maggie Butterfield (CHW), Jenny Palmer (CHW).

Prescription Drug Monitoring Program Status and Guidance Discussed at MEB

Approximately 12,000 prescribers have registered to use the new Prescription Drug Monitoring Program (PDMP) since the new version of the program was launched in mid-January according to a PDMP staff presentation to the Medical Examining Board (MEB) February 15. PDMP staff estimated that around 36,000 prescribers will be registered on the PDMP by April 1. On April 1, most prescribers will be required by state law to check the PDMP prior to prescribing reported controlled substances.

The Board and PDMP staff also discussed the permissibility of delegates to fulfill a required check of the PDMP on behalf of a prescriber, identified barriers to physician registration with the PDMP, the status of additional functionality of the PDMP and how to comply with the new mandate.

PDMP Delegates

PDMP staff said the new PDMP system has a "delegate" function that allows a prescriber to link his or her account to a registered delegate that has also registered with the system. When that linked registered delegate checks the PDMP system for the prescriber's patient, such check is recorded by the PDMP system as a check of the PDMP by the prescriber. However, PDMP staff said that some prescribers have been having difficulties with the delegate functionality. Staff recommended that prescribers and delegates work together to make sure the delegate has only one account and the prescriber links the exact same name and information identified in the delegate's registered account to ensure a successful and non-duplicative link to the prescriber's delegate account.

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PDMP Registration

Various concerns regarding difficulties with the registration process were also discussed by the Board and staff. A key issue was ensuring that a prescriber enter exactly the same information that appears in the prescriber's licensure information with the Department of Safety and Professional Services. Physicians have also had difficulties registering if the physician is missing information such as phone number or specialty from the licensure information held by the Department. In such cases, physicians will need to contact the Department to complete registration.

Medical Director Access to PDMP

PDMP staff also provided an update on upcoming additional functionalities of the new PDMP system. Staff indicated that by April 1, prescribers will be able to see their own prior prescribing history as they had been able to do so under the prior system. Staff also said that by April 1 medical directors will have access to the PDMP to review prescribing reports of the physicians that he or she oversees.

PDMP Integration with EHRs

Board members asked about the status of PDMP functionality to enable prescribers to check the PDMP through their electronic health record. Staff said they are working with the Department's technology vendor WIN to have two EHR integration pilots running by April 1, but at this time those pilots and their timelines have not yet been finalized. Staff also indicated that several health care systems have indicated interest in working with the Department's technology vendor to complete an EHR integration and that integration work would be completed by the vendor on a first-come first-serve basis.

Compliance Standards

The Board also discussed its compliance role after April 1 in determining whether various physician workflows for checking the PDMP prior to making a prescription are compliant with the upcoming mandate. In particular, the Board discussed how far in advance a physician could check the PDMP prior to prescribing to a patient. The Board indicated a reluctance to set a bright-line time requirement but instead believed that in some cases a check a day ahead of time would be reasonable while in other circumstances a longer timeline would be reasonable. The Board indicated they would discuss this issue in an upcoming Board newsletter.

Additional training materials and contact information are now available on the new PDMP website. To view that information, go to: https://pdmp.wi.gov/training-materials.

Enroll Your Physicians Today in WHA Physician Quality Academy

Physicians are leading or playing significant roles in a variety of quality improvement efforts in WHA member hospitals and health systems. Knowledge about quality improvement tools and principles can increase the likelihood that those physicians will be more successful in and comfortable with their leadership role.

Enrolling those physicians in WHA's Physician Quality Academy will ensure they have access to the training and resources necessary to lead successful quality improvement initiatives. 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, which will allow a physician to choose the cohort that works best for his/her schedule: Cohort #1 will be held May 10 and July 21; Cohort #2 will be September 29 and November 3. Attendance is limited to the first 100 registrants per cohort, so register your physicians today at www.cvent.com/d/wvq5nm. For more information contact Jennifer Frank at *jfrank@wha.org* or 608-274-1820.

WHA Hosts Webinar on New CMS Regulations on Emergency Preparedness

On Wednesday, March 15 from 12:00 to 1:00 pm, WHA will host a Member Forum webinar discussing the regulations finalized in September 2016 by the Centers for Medicare & Medicaid Services (CMS) that establish emergency preparedness requirements for hospitals, long-term care (LTC) facilities and other health care providers. (See https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid.)

The rule, which must be implemented by November 15, 2017, adds regulations to existing Conditions of Participation that these health care organizations must meet in order to participate in Medicare and Medicaid. Specifically, the rule requires hospitals, critical access hospitals (CAHs), and LTC facilities to develop an emergency preparedness plan, communications plan, policies and procedures, and training and testing program and to implement emergency and standby power systems.

The webinar will cover these new standards for hospitals, CAHs and LTC facilities. It is intended for emergency preparedness directors at WHA member organizations.

The webinar is complimentary, but pre-registration is required. To register for the webinar, visit: www.cvent.com/d/p5qnl1.

For registration questions, contact Kayla Chatterton at *kchatterton@wha.org* or call 608-274-1820.

Registration is still open for the
2017 WHA Physician Leadership Development Conference
March 10-11, 2017, The American Club, Kohler

Register today: www.cvent.com/d/nvq2w6

WisHHRA Annual Conference for Health Care HR Professionals, April 5-7

The Wisconsin Healthcare Human Resource Association (WisHHRA) will celebrate its 50th anniversary as part of its annual conference for health care HR professionals April 5-7 at The American Club in Kohler.

The focus of the 2017 conference is "Honoring the Past, Treasuring the Present, Shaping the Future," with a keynote session by nationally-known radio talk show host James T. Harris. In addition, this year's conference will also include the popular annual legal and legislative update sessions, as well as several best practice and case study sessions, allowing attendees to learn from their peers and coach each other through. This year, all five core competencies for health care HR leadership will be offered in one conference.

Anyone who has human resource responsibilities in a health care organization will benefit from the educational agenda and is welcome to attend. In addition, the program has been submitted to the HR Certification Institute for continuing education/recertification credit. This conference also offers the opportunity to take the Certified in Healthcare Human Resources (CHHR) exam (separate registration required).

The full conference brochure is included in this week's packet. Online registration is available at www.cvent.com/d/9vqfjn. For registration questions, contact Kayla Chatterton at 608-274-1820 or email *kchatterton@wha.org*.

Member News: SSM Health Names Laura Kaiser as next President/CEO

Laura Kaiser

Laura Kaiser has been selected by the SSM Health Board of Directors as the health system's new president/chief executive officer. Kaiser will begin with SSM Health May 1 and replace William P. Thompson, who will retire at the end of April after 37 years of service with the organization.

Kaiser is an accomplished health care executive with more than 30 years of experience in improving clinical quality and patient satisfaction, fueling operational performance and growth, and successfully facilitating health care integration. She comes to SSM Health from Intermountain Healthcare, where she has served as executive vice president/chief operating officer for the past five years. Prior to Intermountain Healthcare, Kaiser spent 15 years at Ascension Health, serving in a number of leadership roles, including Ministry market leader of the Gulf Coast/Florida region for Ascension and president/CEO at Sacred Heart Health System.

Kaiser, a Missouri native, earned a Bachelor of Science in Health Services Management from the University of Missouri-Columbia as well as a Master of Business Administration and Master in Healthcare Administration from Saint Louis University. She is also a Fellow of the American College of Healthcare Executives.

Influenza Hitting Communities, Schools, Long-Term Care

Wisconsin and the entire country is experiencing a significant increase in influenza activity, with outbreaks in schools, long-term care and communities. According to the Wisconsin immunization report prepared by Jon Temte, MD (www.wha.org/Data/Sites/1/influenza/flu2-16-17.pdf), in Wisconsin, 85 percent of recent detections are influenza A and 97 percent of A viruses are H3N2. There have been 837 influenza-related hospitalizations since September 1, 2016, with 97 admitted to ICU and 12 requiring mechanical ventilation. This compares to 163 hospitalizations last year at this time, and 3,763 for the 2014-2015 season. Sixty-six percent of hospitalizations have been in individuals age 65 and older. Influenza A[H3N2] is less kind to elders; across the U.S. one out of every 870 people age ≥65 has been hospitalized with laboratory-confirmed influenza.

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director of ABC News. Over the past 14 years, Walter has built a reputation as an accurate, objective and insightful political analyst. She is a regular panelist on NBC's *Meet The Press*, PBS' *Washington Week*, and Fox News' *Special Report with Bret Bair*. She also provides political analysis every Monday evening for the *PBS NewsHour*. The day's luncheon keynote will be Governor Scott Walker (invited), and a legislator panel discussion will round out the morning sessions.

WHA strongly believes the afternoon's legislative meetings are the most important aspect of the day and encourages attendees to register for Advocacy Day with a legislative visit. To prepare attendees for their meetings, WHA schedules all meetings, provides an issues briefing at Advocacy Day and an optional pre-event webinar on legislative visits.

Assemble your hospital contingent for Advocacy Day 2017 April 19 at the Monona Terrace in Madison. Registration is open at: www.cvent.com/d/svqylc.

For Advocacy Day questions, contact Jenny Boese at 608-268-1816 or *jboese*@*wha.org*. For registration questions, contact Kayla Chatterton at *kchatterton*@*wha.org* or 608-274-1820.

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areas, boost reimbursement and reduce Medicaid cost shifting to employers and families … right here in Wisconsin.

Compounding all this, under the ACA Wisconsin hospitals are taking an estimated $2.6 billion in Medicare payment cuts over 10 years. A portion of those Wisconsin cuts are used to pay for Medicaid "expansion" as defined by the ACA, which means none of those dollars are coming back to Wisconsin.

WHA believes any Medicaid restructuring should continue the federal-state partnership that ensures access to high-quality health care coverage, provide sufficient funding, *and treat expansion and non-expansion states in an equitable manner*. All states should be fairly and equally funded for what they have done to cover those in need.

For Wisconsin, this is an issue that should transcend the partisanship of the ACA/Obamacare debate. It is about fundamental fairness that our state and federal elected official should coalesce around and demand. We were pleased to see a recent letter from Joint Finance Committee Co-Chairs Sen. Darling and Rep. Nygren (www.wha.org/pdf/2017DarlingNygrenLetter2-24-17.pdf) urging our Congressional delegation to fight for the Badger State. Governor Walker has been very visible and vocal among the nation's Governors in calling for fair treatment of states like Wisconsin. But more voices need to be heard.

When it comes to Medicaid, the ACA picks winners and losers based on an arbitrary multiple of the federal poverty level, *not on how many people are actually covered*. That is unfair to Wisconsin, especially when one remembers that the goal here is to expand and sustain, not penalize, coverage. It is a fixable flaw that both sides of the Wisconsin political aisle can and should work together to remedy.