

February 3, 2017

Volume 61, Issue 5

## WHA Launches Physician Quality Academy

*Doctors' role important in leading quality improvement projects*



Physicians have an important role in health care quality improvement projects in their organizations. Their clinical expertise and leadership are valuable assets in designing and conducting initiatives known to improve the quality of patient care.

While physicians are often asked to lead quality improvement activities, they may not have access to the resources they need to be successful. In response to this need, the Wisconsin Hospital Association (WHA) created the WHA Physician Quality Academy for physicians employed by its member hospitals and health systems.

"Quality improvement initiatives are powerful tools for making sure evidence-based practices make it to the bedside and are performed consistently," according to Robert S. Redwood, MD, MPH, and faculty for the WHA Physician Quality Academy. "As physicians, quality improvement empowers our profession to use population health data to better inform our individual patient care."

The WHA Physician Quality Academy will bring physicians together from across the state who can then collaborate and build on their QI knowledge. The Academy will support physicians by providing face-to-face education opportunities, as well as additional resources, to learn the newest tools and principles that lead to successful initiatives known to improve quality in hospitals, clinics and other care settings.

"WHA is a recognized national leader in offering our members the support and training necessary to help improve the quality and value of care for their patients," according to WHA President/CEO Eric Borgerding. "The vast majority of physicians in Wisconsin are either closely aligned with or employed by hospitals and health systems, and their role in leading quality improvement is constantly expanding and

*(continued on page 8)*

## Amy Walter to Keynote WHA Advocacy Day 2017 on April 19

*Registration now open!*

Each year, the WHA Advocacy Day event grows both in number of attendees and in the impact made on our legislators in Madison. Advocacy Day is one of the best ways hospital employees, trustees and volunteers can make an important, visible impact in the state capitol. Help make the 2017 event a great success by assembling your hospital contingent for 2017 Advocacy Day, April 19 at the Monona Terrace in Madison. Registration is open at [www.cvent.com/d/svqylc](http://www.cvent.com/d/svqylc).



Amy Walter

As always, WHA Advocacy Day 2017 will have a great line up of speakers, including morning keynote 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 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*. *(continued on page 2)*

## Continued from page 1 . . . Amy Walter to Keynote Advocacy Day 2017 on April 19

The annual legislative panel discussion will round out the morning session, followed by a luncheon keynote address from Gov. Scott Walker (invited). The highlight of Advocacy Day is always the hundreds of attendees who take what they've learned during the day and then meet with their legislators in the State Capitol in the afternoon. In fact, over 650 visits were made last year that directly impacted the outcomes of priority legislation. Speaking up on behalf of your hospital by meeting with your legislators during Advocacy Day is essential in helping educate legislators on your hospital and on health care issues.

**Join over 1,100 of your peers from across the state at Advocacy Day 2017 on April 19.** More information and online registration is available at [www.cvent.com/d/svqylc](http://www.cvent.com/d/svqylc). For Advocacy Day questions, contact Jenny Boese at 608-268-1816 or [jboese@wha.org](mailto:jboese@wha.org). For registration questions, contact Kayla Chatterton at [kchatterton@wha.org](mailto:kchatterton@wha.org) or 608-274-1820.

## Jacobson Appoints Subcommittee on ACA



Cathy Jacobson

Mike Wallace

As Congress and the President move toward repealing and replacing the ACA, WHA Board Chair Cathy Jacobson, president/CEO, Froedtert Health, has appointed a special WHA Board Subcommittee on Health Care Reform. The Subcommittee will assist WHA in staying well informed and responsive to developments in both Washington and Madison.

In appointing the Subcommittee, Jacobson recognized that several Wisconsin federal and state elected leaders will play a key role in developing the details of an ACA replacement plan.

"WHA has been a leader for our industry, and this Subcommittee will help us navigate the path forward in working with our elected officials on behalf of our organizations, communities and patients," she said.

The new Subcommittee will be chaired by Immediate Past WHA Board Chair Mike Wallace, president/CEO of Fort HealthCare. The group will be comprised of WHA Board members from across the state. The Subcommittee will meet periodically as circumstances dictate while health care reform unfolds at both the state and federal level, providing input and guidance to the WHA staff and Board as needed on policy developments and advocacy related to ACA replacement, Medicaid funding/block grants and associated implications for Wisconsin and WHA members.

"We remain in a dynamic and uncertain time in health care, and it is important that the WHA team have all the tools necessary to engage and be impactful," said Eric Borgerding, WHA president/CEO. "This new Subcommittee will help in that effort."

## WHA Post-Acute Care Work Group Organizes; Focuses on Access



Laura Rose, WHA Vice President, Policy Development;  
Greg Banaszynski, WHA Post-Acute Care Work Group Chair

Readmission penalties, bundled payment programs and other payment and quality initiatives are making hospitals increasingly responsible for patient outcomes after they are discharged from the hospital. The WHA Board responded to this trend by directing the establishment of a Post-Acute Care Work Group, which held its first meeting January 30 at the WHA offices in Madison.

The Post-Acute Care (PAC) Work Group will explore how hospitals and health systems can work to improve outcomes for discharged patients and how best to provide or locate post-acute care for patients who need it.

*(continued on page 3)*

## Continued from page 2 . . . WHA Post-Acute Care Work Group Organizes; Focuses on Access

Members of the work group are:

- Greg Banaszynski, CEO, UW Health Rehabilitation Hospital (**Chair**)
- Andy Anderson, MD, CMO, Aurora Health Care
- Jennifer Bieno, NHA, Vice President of Aging Services, Divine Savior Healthcare
- Rick Bourne, President/CEO, Home Health United
- Margaret Donnelly, Vice President, Post-Acute Care, Aspirus
- Paula Elmer, RN, CNO, Monroe Clinic
- Deb Head, Rehab Program Manager, Gunderson Health System
- Doreen Kluth, Executive Director, Care Continuum, HSHS
- Charisse Oland, CEO, Rusk County Memorial Hospital
- Bonny Range, CNO, Holy Family Memorial
- Ryan Shear, Vice President, Senior Services, Reedsburg Medical Center
- Robyn Treder, Manager, Hospital Case Management, Children's Hospital of Wisconsin
- Lois Van Abel, Director, Care Coordination, Bellin Health
- Thomas Zoch, MD, Ascension

At its first meeting, the Work Group identified a number of issues affecting post-acute care, including: serious workforce shortages among health care professionals who are key providers of PAC, including nurses, CNAs, primary care doctors and therapists; job burnout and inadequate pay for front-line PAC providers; the regulatory burden at both the state and federal levels; Medicaid reimbursement rates for PAC that are among the lowest in the country; the need for clear criteria on selecting quality post-acute care providers and how to help patients choose a discharge option that will provide the best outcome; and, the need for clear data on what is effective in providing post-acute care.

The Work Group will meet within the next few weeks to further focus the issues surrounding post-acute care, with the goal of developing a package of achievable policy initiatives aimed at improving the ability of hospitals and health systems to provide or locate post-acute care for their patients.

## WHA Meets With Delegation about ACA

*“Treat expansion and non-expansion states in an equitable manner”*

The Wisconsin Hospital Association traveled to Washington, D.C. Thursday, February 2 for a round of meetings with Wisconsin's congressional delegation. The sole purpose for the trip was to advance the Wisconsin perspective on changes to the Affordable Care Act and what those mean for Wisconsin's patients and providers.

“This is about treating Medicaid expansion and non-expansion states in an equitable manner,” Eric Borgerding, WHA president/CEO said in several of the meetings. “Our request is that Wisconsin's so-called ‘partial expansion’ of Medicaid, which added nearly 130,000 childless adults at a cost of roughly \$280 million in state dollars, also receive enhanced federal matching dollars.”

At issue with proposals to repeal and replace the Affordable Care Act, as Borgerding discussed in all the meetings, is the unique route Wisconsin took to reduce its uninsured by some 38 percent since 2013. This was accomplished by Gov. Scott Walker and the Wisconsin Legislature through an interconnected approach whereby individuals below 100 percent of the federal



WHA discusses ACA repeal and replace impact on Wisconsin with U.S. Speaker in his U.S. Capitol office. Left to right, Jenny Boese, WHA VP, Federal Affairs & Advocacy; U.S. House Speaker Paul Ryan; Eric Borgerding, WHA President/CEO.

*(continued on page 4)*

## Continued from page 3 . . . WHA Meets With Delegation about ACA

poverty level (FPL) became eligible for Medicaid coverage, and individuals above 100 percent of the FPL were moved off Medicaid and onto the federal health insurance Exchange. This approach has allowed over 130,000 individuals to gain Medicaid coverage and 235,000 more individuals to access affordable coverage now on the federal exchange.

Because Wisconsin took a “partial” approach to Medicaid expansion—moving eligibility to 100 percent FPL rather than 138 percent—the Obama Administration denied Wisconsin the same level of Medicaid funding that other “full expansion” states received.

“Wisconsin clearly, and substantially, expanded Medicaid,” Borgerding said. “As Congress moves forward, all we’re asking for is recognition for what we did here and to be treated fairly.”

This matters significantly in the larger picture of how Congress may potentially reform the Medicaid program and how baseline Medicaid funding amounts may be determined.

Also during the meetings WHA highlighted the fact that 235,000 Wisconsinites now access affordable coverage on the federal exchange, with roughly 85 percent receiving a subsidy to reduce their premium costs. Preserving premium assistance for lower-income populations has been an integral component of Wisconsin’s hybrid approach to expanding coverage. Preserving these subsidies will be critical to sustaining the coverage gains achieved in Wisconsin. WHA also discussed the value-focused payment reforms that are a part of the ACA and the impact those have had in moving both Medicare and commercial health insurance toward more outcomes-focused reimbursement.



*Eric Borgerding, U.S. Rep. Sean Duffy, Jenny Boese*

the latest of what I am sure will be many more to our Nation’s Capital in the coming months as we advocate on behalf of Wisconsin’s hospitals and health systems.”



*U.S. Senator Ron Johnson with WHA President/ CEO Eric Borgerding.*

“We greatly appreciated the opportunity to meet with Speaker Ryan and our Congressional Delegation on these important matters,” Borgerding said. “Our issues and our messages were well received, it was a productive trip and

### **WHA Physician Leadership Development Conference The American Club, Kohler \*\*\* March 10-11, 2017**

New physician leaders should register today at [www.cvent.com/d/nvq2w6](http://www.cvent.com/d/nvq2w6)

## 340B “Mega-Guidance” Withdrawn

This week the federal Office of Management & Budget (OMB), the last step before federal regulations are published, sent the 340B mega-guidance back to the federal Department of Health & Human Services (HHS). The OMB officially lists the mega-guidance as now “withdrawn.” This means that in order for the guidance to move forward, it would have to be resubmitted by HHS to the OMB.

“This week’s announcement is a pleasant reprieve,” said Jenny Boese, WHA vice president, federal affairs & advocacy. “With thousands upon thousands of pages of federal regulations coming at hospitals this past year alone, we appreciate that this proposal has been pulled back.”

With President Trump’s recent Executive Orders on regulations, the 340B mega-guidance is now stopped and current 340B policies remain in effect.

The mega-guidance was originally released in 2015 by the Health Resources & Services Administration (HRSA), an agency within HHS. In 2015, WHA worked in consultation with hospitals and health systems across the state to develop and submit detailed comments to HRSA, highlighting several key concerns. Among the 2015 proposed changes were:

- Covered entity requirements – including items such as eligibility, registration requirements (parent/child sites), compliance, and handling of Medicare/Medicaid Managed Care patients
- Covered outpatient drugs
- Definition of a patient – including creating a multi-part test that must be met by covered entities
- Contract pharmacy requirements – including oversight, registration requirements among others
- Manufacturer requirements
- Program integrity – applying to both covered entities and manufacturers

“A cross-section of Wisconsin hospitals qualify for this important program and plow 340B drug savings back into providing important prescriptions and services to patients and communities,” said Boese. “As Congress originally intended, they are using program savings to ‘stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.’”

## WHA Actively Monitors President’s Executive Order Imposing Temporary Travel Ban

Late in the afternoon Friday, January 27, President Donald Trump signed an Executive Order that, among other things, imposes a 90-day ban on entry into the United States for nationals of seven designated countries: Iran, Iraq, Libya, Somalia, Sudan, Syria and Yemen.

The Order applies to non-U.S. citizen nationals from the seven affected countries entering the United States, “as immigrants and nonimmigrants,” on any visa category, except for certain diplomatic visas. The Order states that other countries may be added to the banned list in the future.

Notwithstanding the travel ban, the Order gives the Department of Homeland Security (DHS) the authority, “on a case-by-case basis, and when in the national interest, [to] issue visas or other immigration benefits to nationals of countries for which visas and benefits are otherwise blocked.” Late January 29, DHS Secretary John Kelly issued a formal statement that declared if an otherwise affected traveler holds a green card, i.e., has been granted permanent legal residency in the United States, this would be “a dispositive factor in our case-by-case determinations.”

Since the Order was released, federal judges in several states have put temporary stays on portions of the Order, and more legal challenges are expected or already underway.

WHA will continue to monitor the Order for further clarifications from the Administration and the outcome of anticipated legal challenges. According to WHA President/CEO Eric Borgerding, “Wisconsin

*(continued on page 6)*

## **Continued from page 5 . . . WHA Actively Monitors President's Executive Order Imposing Temporary Travel Ban**

hospitals and health systems have a diverse health care workforce and...maintaining patient access to Wisconsin's high-quality, high-value health care relies in part on our doctors and nurses from the international community."

A copy of the Order may be found at: [www.cnn.com/2017/01/28/politics/text-of-trump-executive-order-nation-ban-refugees](http://www.cnn.com/2017/01/28/politics/text-of-trump-executive-order-nation-ban-refugees). A link to the American Hospital Association's official statement on the Order may be found at: [www.aha.org/presscenter/pressrel/2017/013017-pr-immigration.shtml](http://www.aha.org/presscenter/pressrel/2017/013017-pr-immigration.shtml).

For additional information on the Order, two of WHA's corporate member law firms, Hall Render and Quarles & Brady, have recently published guidance:

- [www.hallrender.com/2017/01/30/third-immigration-executive-order-signed](http://www.hallrender.com/2017/01/30/third-immigration-executive-order-signed)
- [www.quarles.com/publications/government-immigration-proposals-that-will-affect-employers-and-employees](http://www.quarles.com/publications/government-immigration-proposals-that-will-affect-employers-and-employees)

If you have questions about the Order, or if you are having any issues with foreign-born providers not being able to re-enter the United States, contact Andrew Brenton, WHA assistant general counsel, at [abrenton@wha.org](mailto:abrenton@wha.org) or Matthew Stanford, WHA general counsel, at [mstanford@wha.org](mailto:mstanford@wha.org) or 608-274-1820.

## **Webinar Series Focuses on CMS CAH Conditions of Participation Compliance**

Critical access hospitals (CAHs) must comply with the Centers for Medicare & Medicaid Services' Conditions of Participation (CoPs) for CAHs, with the CMS regulations and interpretive guidelines serving as the basis for determining compliance.

WHA is offering a three-part webinar series to focus on the final CMS manual on CAH Conditions of Participation from October 9, 2015, and the many changes incurred. Every section in the CAH hospital manual will be discussed, including updates and changes for 2017.

This series will help CAHs comply with specific CoP problem areas, including nursing care plans, legibility requirements, necessary policies and procedures, nursing medication carts, drug storage, informed consent, history and physicals, verbal orders, medication administration, security of medications, protocols, standing orders and emergency preparedness. This program will also cover the many pharmacy standards and medication-related sections, in detail.

The webinar series is offered February 7, 14 and 21 from 9-11 a.m. You can register for individual sessions or for the full three-part series for a discounted fee. For full information on each session and to register, visit: [www.cvent.com/d/dvqyp6](http://www.cvent.com/d/dvqyp6). For registration questions, contact Kayla Chatterton at [kchatterton@wha.org](mailto:kchatterton@wha.org) or call 608-274-1820.

## Carpenter Named to AHA Board of Trustees

William F. Carpenter III, chairman and chief executive officer (CEO) of LifePoint Health® based in Brentwood, TN, has been named to the Board of Trustees of the American Hospital Association (AHA). The board is the policy-making body of the AHA and has ultimate authority for the governance and management of its direction and finances.



*Bill Carpenter*

Carpenter has served as CEO of LifePoint Health since 2006 and assumed the additional position of chairman of the board in 2010. He is a founding employee of the company, which was established in 1999, and previously served in various leadership roles within the organization. He is secretary and past chairman of the board of directors for the Federation of American Hospitals, and a member and past chairman of the Nashville Health Care Council Board of Directors. Carpenter also serves on the boards of directors of the Nashville Area Chamber of Commerce, NashvilleHealth, the Center for Medical Interoperability, Avondale's Advisory Board, United Way of Metropolitan Nashville and Nashville Public Radio.

Carpenter's term on the AHA Board begins immediately and runs through December 31, 2019.

## Member News: Helmers Named Regional VP, Mayo Clinic Health System Northwest Wisconsin

Richard A. Helmers, MD, has been named regional vice president, Mayo Clinic Health System northwest Wisconsin.



*Richard Helmers, MD*

Helmers will be the physician leader for Mayo Clinic's community practice in northwest Wisconsin, a region that includes five hospitals and 12 clinics. He succeeds Randall Linton, MD, who has served in the role of president and CEO for the past 15 years. Linton will retire this spring after 36 years of service with Mayo Clinic Health System. Helmers will work closely with Linton to ensure a smooth transition of leadership responsibilities this spring.

For the past five years, Helmers has served as vice dean for practice at Mayo Clinic. He has served more than 20 years with Mayo Clinic in Scottsdale, AZ, in various leadership roles, including chair of the Pulmonary Division, vice chair of the Department of Medicine and chair of the Mayo Clinic Clinical Practice Committee in Arizona.

He is a member of the American Thoracic Society and was named the American Thoracic Society's Outstanding Clinician in 2010.

A native of Sibley, IA, Helmers holds a bachelor's degree from Iowa State University in Ames, IA, and received his medical degree from the University of Iowa College of Medicine in Iowa City, Iowa. Helmers completed his medical internship in internal medicine at Indiana University Medical Center in Indianapolis. He also completed his internal medicine residency and fellowship in pulmonary diseases at the University of Iowa, along with a fellowship in critical care medicine at St. Luke's Hospital in Milwaukee, WI.

## Fast Facts from the WHA Information Center

### February is National Children's Dental Health Month

The American Dental Association (ADA) sponsors a month-long national health observance that brings together thousands of dedicated dental professionals, health care providers and educators to promote the benefits of good oral health to children, their caregivers, teachers and many others. The Health Policy Institute (HPI) reported that the number of dental emergency department (ED) visits nearly doubled from 2000 to 2010. The HPI estimates that up to 79 percent of dental ED visits could be diverted to community settings.

According to the WHA Information Center, between October 2015 and September 2016, there were 1,596 dental-related ED visits for children under 18 years of age in Wisconsin. The average total charge of those visits was \$464.

According to the HPI, most dental (ED) visits are non-traumatic dental conditions, and in most cases, patients receive prescriptions for pain or antibiotics for infections. Patients who visit an ED with a non-traumatic dental condition would be better served in a dental office setting due to the availability of definitive care and the likelihood of continuity of care.

*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 Launches Physician Quality Academy

evolving. The WHA Physician Quality Academy is a unique new resource that will provide cutting-edge techniques our members' physicians can apply in their own organizations."

The first Academy will be held in spring 2017. More than 200 physicians are expected to participate in the four learning sessions, which will feature both WHA in-house quality improvement experts and outside facilitators. WHA is offering the WHA Physician Quality Academy to member hospitals to ensure 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 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. Attendance will be limited to the first 100 registrants per cohort and is filling up fast, so register your physicians today at [www.cvent.com/d/wvq5nm](http://www.cvent.com/d/wvq5nm).

For more information contact Jennifer Frank at [jfrank@wha.org](mailto:jfrank@wha.org) or 608-274-1820.