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WHA: U.S. Senate Health Care Bill Falls Far Short

Wisconsin's Sen. Johnson one of four who will not support the bill at this time

The U.S. Senate released its long-awaited Affordable Care Act (ACA) replacement legislation, the Better Care Reconciliation Act, on June 22. Based on WHA's ongoing review, the bill falls far short of protecting Wisconsin's core issues of maintaining access to affordable health care coverage, stabilizing the insurance market and safeguarding Wisconsin's Medicaid program. In fact, in most respects the bill puts Wisconsin in an even worse situation than the bill passed May 4 by the U.S. House of Representatives.

"It is a complex bill and our review is ongoing, but in the 24-plus hours since its release, a pretty clear and troubling picture is emerging, especially for non-Medicaid expansion states, and particularly Wisconsin," according to WHA President/CEO Eric Borgerding. "There is a lot at stake for Wisconsin in this bill, not the least of which is billions in lost federal Medicaid funding by perpetuating inequities among states."

In an interview with reporter David Wahlberg of the *Wisconsin State Journal* June 23 (see <http://bit.ly/2sKFMOI>), Borgerding said \$2.6 billion in Medicare cuts over 10 years to Wisconsin hospitals would remain in both bills. "Everywhere we turn, we're being penalized in the legislation," he said.

The Senate made deeper cuts to the Medicaid program than the House bill in part by tying future increases beyond 2025 to the CPI for all urban consumers as opposed to the medical CPI. With respect to tax credits to help consumers buy coverage, the Senate ties them to age, income and geography. The House version would provide a fixed amount based on age only, leading to many concerns about affordability for lower income individuals compared to the ACA. However, the Senate eliminates tax

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Business and Health Care Organizations Join WHA in Letter to Sen. Johnson

Fourteen business and health organizations including the Metropolitan Milwaukee Association of Commerce and the Wisconsin Manufacturers and Commerce joined WHA in sending a letter (www.wha.org/pdf/JohnsonGroupLetter6-2-17.pdf) earlier this month asking U.S. Sen. Ron Johnson to "stand up for Wisconsin" and "fight for fairness for Wisconsin" in the debate to repeal and replace Obamacare. Prior to the Senate releasing their legislation on June 22, Borgerding said in an interview with Rich Kirchen, a reporter with the *Milwaukee Business Journal*, that "It's so important that Senator Johnson is listening — he's hearing these concerns." Read the article here: <http://bizj.us/1p7vgz>.

The *Milwaukee Business Journal* based their reporting off a column written by Borgerding and published in the June 16 edition of WHA's newsletter, *The Valued Voice*. (Read it here: www.wha.org/pubArchive/valued_voice/WHA-Newsletter-6-16-2017.htm#4) In his column, Borgerding points out that one of Obamacare's most glaring flaws is that it creates winners and losers among the states based upon an arbitrary definition of "expansion."

"That *is* redistribution, and no state has felt the impact harder than Wisconsin," according to Borgerding.

WHA-Supported Dental Hygiene Legislation Signed Into Law

Since the 2017-18 legislative session began in January, the Wisconsin Hospital Association (WHA) and other health care providers and organizations have been working to advance legislation to expand access to preventive dental care. This bill, Assembly Bill 146, was signed into law as Wisconsin Act 20 by Gov. Scott Walker June 21. The bill was co-authored by Rep. Kathy Bernier (R-Lake Hallie) and Sen. Sheila Harsdorf (R-River Falls) and passed with overwhelming support by both the Assembly and Senate. Act 20 expands the settings in which dental hygienists are allowed to provide, without dentist supervision, preventive oral health care and education.



Gov. Scott Walker signs AB 146 into law June 21, 2017.

Dental hygienists are currently allowed to independently practice in schools, dental schools and local public health departments. Under Act 20, dental hygienists will be able to independently provide dental hygiene services in hospitals, outpatient medical clinics, nursing homes, community-based residential facilities, adult family homes, adult day care centers, community rehabilitation programs, hospices, prisons and jails, and through home health agencies, nonprofit dental care programs serving low-income persons, and charitable institutions.

One of the potential outcomes of Act 20 will be the integration of dental hygiene into primary health care visits, especially for young children from birth to age three. Incorporating a dental hygienist into the medical team in a physician's office may reduce the prevalence of dental disease by allowing the hygienist to begin interacting with children and families as early as six months of age. Ultimately, this may lead to a reduction in emergency department visits for preventable dental conditions and better overall oral health for people in Wisconsin.

Act 20 takes effect June 23, 2017.

WHA Post-Acute Work Group Discusses Best Practices for Care Transitions

Care transitions have the potential to present many problems for patients. Whether the transfer is to a hospital from the patient's residential setting, or from the hospital to post-acute care or back home, it is common for transitions to be rushed, with no specific person identified as "in charge" of the transfer, little standardization of shared information, patient and family confusion and other potential challenges. WHA's Post-Acute Care Work Group, at its June 16 meeting, heard from two speakers about how their health systems are implementing methods to make care transitions more successful for the patient and caregivers, resulting in higher quality care and better patient outcomes.



L to R: Laura Rose, WHA Vice President, Policy Development; Greg Banaczynski, WHA Post-Acute Work Group Chair and President, UW Health Rehabilitation Hospital; Kyle O'Brien, WHA Senior Vice President, Government Relations.

Maria Brenny-Fitzpatrick, director of care transitions for UW Health, described several initiatives that have led to better care transitions into and out of UW Hospital in Madison. These initiatives include

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creating post-acute provider coalitions; standardizing the sharing of essential transfer information; creating post-acute preferred provider networks; and a joint effort by three Dane County hospitals to establish the same quality metrics they request from area skilled nursing facilities.

Becki Detaege, team leader, transition of care support services at Bellin Health in Green Bay, described Bellin's post-acute care planning as one of the 19 Next Generation Accountable Care Organizations (Next Gen ACO) in the U.S. Next Gen ACOs benefit from enhancements that improve post-acute care planning and coordination, including a waiver of the three-day inpatient hospital stay requirement for SNF admission, payment for post-discharge home visits and waivers that allow for expansion of telehealth services. Bellin utilizes multiple strategies to improve post-acute care, including establishment of preferred partnerships with PAC providers; proactive care management; use of technology to support care coordination across the continuum; standardized protocols, care pathways, and workflows; and strengthening the advanced care planning process.

Work Group members then shared their ideas about transitions of care in their own facilities. Members agreed that a widespread dissemination of best practices would be invaluable as post-acute care becomes an increasingly important consideration for hospitals and health systems across the state.

The Work Group will meet again later this summer to begin formulating its final recommendations.

Wisconsin Hospitals Embark on the HRO Journey

Wisconsin consistently ranks among the best states in the country based on the quality and safety of its health care delivery system. It is a commitment to continuous improvement and a focus on patient safety that drives hospitals and health systems to strive for even higher clinical standards.

In partnership with The Joint Commission's Center for Healthcare Transformation, WHA's Hospital Improvement Innovation Network (HIIN) hospitals are taking active steps to improve the "culture of safety" for both patients and staff.



HIIN hospital leaders transforming learning into action for patient safety

A convening of more than 120 health care leaders representing 50 hospitals gathered at Glacier Canyon Lodge in Wisconsin Dells June 14 to learn about and consider tangible ways to more deeply engage leaders in creating safer environments for accountability, trust and employee engagement.

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Presentations by Coleen Smith, LuAnn Vis, and Ziad Karam of the Center for Healthcare Transformation described high reliable organizations (HROs) as organizations that manage safety hazards extremely well and do so consistently over extended periods of time. High reliability in health care is defined as a quality of care that is consistently delivered to every patient, every time with a commitment to zero harm.

Attendees gained insights into how to assess current states of patient and worker safety, and how high-visibility strategies such as daily safety huddles and leadership rounding can positively affect how staff communicates safety concerns and, ultimately, patient outcomes.

“It is exciting to see hospital leaders take their already strong commitment to patient safety to an even deeper level by taking these first steps in high reliability,” said Kelly Court, WHA chief quality officer. “The WHA team is excited to partner with our members on their journey to setting, and achieving, even higher standards of excellence.”

Member News: Ross Named President of Select Specialty, Madison



David Ross

Select Specialty has named C. David Ross, JD, president of its hospital located in Madison.

Ross comes to Madison from Granby, Colorado where he was CEO of Middle Park Medical Center, a two-facility critical access hospital system managed by Centura Health. Prior to that he was with St. Joseph, a Covenant Health System Hospital in Nashua, New Hampshire. He also has worked with hospitals and health systems in Missouri and Iowa.

Ross received his Juris Doctorate and Master’s of Health at Washington University Schools of Law and Medicine in St. Louis, Missouri, and his Bachelor of Arts and History from Yale College in New Haven, Connecticut. He is a member of the American College of Healthcare Executives.

Member News: Barth Named CEO of Aspirus Langlade Hospital

Andrew (Andy) Barth has been appointed as the new chief executive officer (CEO) of Aspirus Langlade Hospital upon the retirement of David Schneider. Barth assumed his role June 14, 2017.

Barth has a diverse background in strategic planning, physician relations and operations. Most recently, he served as group director of physician alignment and strategy for Centura Health, a 17-hospital system based in Englewood, Colorado. Prior to this role, Barth was director of ambulatory services at Froedert Hospital and the Medical College of Wisconsin in Milwaukee. Barth has extensive experience in leadership roles, which has included working in an academic medical center and two community-based health care systems. This experience also includes working within Catholic Healthcare and in rural health care settings.



Andy Barth

Barth holds a Masters of Health Administration from the University of Iowa and a Bachelor of Science in Healthcare Administration and Informatics from the University of Wisconsin-Milwaukee.

Member News: Aspirus Langlade Hospital CEO Dave Schneider Retires

After 37 years at Aspirus Langlade Hospital, Dave Schneider retired as the organization's chief executive officer (CEO) June 14, 2017. Schneider was hired in 1980 as the director of human resources at what was then known as Langlade County Memorial Hospital. In 1989 he was appointed as the CEO, a role he held for the past 28 years.



Dave Schneider

Under Schneider's leadership, Aspirus Langlade Hospital & Clinics experienced significant growth and success. He created a culture where staff feel valued and kindness and compassion are consistently demonstrated—the cornerstones of his leadership style. His commitment to the mission of the organization is evidenced by ongoing assessment of patient care needs and ensuring that Aspirus Langlade Hospital continues to plan and be prepared to respond to those needs. Those that have had the privilege of working with him have witnessed his unwavering objectivity, intelligence and ability to remain calm and focused in the most trying of circumstances. Most importantly, the patient is always at the forefront of every decision.

Schneider has guided the Hospital through major changes, including the construction of a new hospital and a merger with Aspirus. The hospital is jointly owned by Catholic Health International and Aspirus, Inc.

Announcing Newly Revised Resources for Community Health Needs Assessments

The Resources for Improving Community Health website, www.wicomunityhealth.org, now includes recently updated tools to help hospitals, public health departments, and their partners to create high quality Community Health Needs Assessments. Though excessive alcohol use is the subject matter of these new resources, they are templates that can be adapted to other health priorities.

Report and Track Your Progress: the *Sample Dashboard for Measuring the Progress and Impact of Alcohol-Related Initiatives* is an Excel template for organizing, tracking, and presenting data in a way that maximizes viewer understanding. Enter your local data on any health topic, and the Dashboard does the rest—creating tables, charts, and a two-page report on your community's health. To get started, download the *User Guide to the Dashboard* with detailed instructions that make it easy to adapt this tool to meet your local needs.

Drive Your Initiative with a Map: the *Strategy Map for Preventing and Reducing Alcohol Misuse* is an online, multi-layered model to help you with every stage of community health improvement, especially evaluating your efforts. Comprehensive links to resources make this a "one-stop shop" for those who are working to create healthier alcohol environments. Not focused on alcohol? The map also serves as a template for building up to policy change and measuring impact. The *User Guide to the Strategy Map* includes ideas for using the map at various stages of coalition work.

Ready to choose effective policies and programs to improve community health in the areas of alcohol misuse, mental health, oral health, nutrition and physical activity? Our companion tools, *Pick List of Alcohol-Related Strategies* and *Objectives with Focus: A Pick List of Sample Objectives for Effective Implementation* present dozens of strategies, each with a sample time-bound objective, evidence base, and links to implementation tools.

These resources were created by Community Health Improvement in Action, a collaboration between the Wisconsin Association of Local Health Departments and Boards and the UW Population Health Institute with participation from the Wisconsin Hospital Association. CHIA is funded by a grant from the UW School of Medicine and Public Health from the Wisconsin Partnership Program (WPP).

If you have any questions about the tools or would like to schedule a free online consultation or presentation on how you can use them to improve the health of your community, contact Project Manager Sara Jesse at sara.jesse@badgerbay.co or 608-432-3042.

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credits for people with income between 350 and 400 percent of the federal poverty level (FPL). It eliminates the requirement that everyone must purchase health insurance, and cost-sharing subsidies would end after 2019.

In a press statement (see www.wha.org/whastatement6-22-17bhca.aspx) Borgerding commended Sen. Ron Johnson for taking a circumspect approach, including “advocating for market stabilization first, while wanting time to understand the broader ramifications of the bill through his stated desire to obtain constituents’ reaction and input.”

WHA has been working closely with Johnson, meeting with him in Washington, D.C. and communicating WHA’s position on and voicing concerns with potential repeal and replace legislation. Johnson and three other conservative senators released a statement and expressed their opposition to the bill, but openness to talks.

WHA will continue to advocate to both U.S. Sens. Ron Johnson and Tammy Baldwin that improvements to the Better Care Reconciliation Act are needed. In particular, WHA and our members continue to be concerned with ensuring affordable coverage for low-income and high-risk populations.

WHA staff is currently working on a summary for members of the provisions of the Better Care Reconciliation Act and their potential impact in Wisconsin.