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## **Governor Walker Signs State Budget into Law with Health Care Investments** *Biennial Budget Act Includes Medicaid DSH, GME and Rural Health Care Investments*



Gov. Scott Walker signs the State Budget into law September 21, 2017 at a Neenah elementary school.

During a bill signing ceremony at a Neenah elementary school September 21, Gov. Scott Walker signed into law Wisconsin's 2017-19 biennial state budget, which lays out the state's \$76 billion spending plan through June 30, 2019. The budget bill Walker signed includes nearly all of WHA's budget priorities this session, including a significant increase in the state's Medicaid Disproportionate Share Hospital (DSH) program and investments for our state's rural health care workforce.

"We are pleased the budget that Governor Walker signed today advances several of WHA's priorities aimed at ensuring Wisconsin's citizens will continue to have access to some of the highest

quality care in the nation," said WHA President/CEO Eric Borgerding, who attended the bill signing ceremony.

In May, the Joint Finance Committee (JFC) increased Wisconsin's Medicaid DSH program by over \$60 million, taking Wisconsin's total Medicaid DSH program up to \$134 million over the two-year

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## **Graham-Cassidy-Heller-Johnson Bill Recognizes Wisconsin's Innovative Reforms** *Borgerding says bill would return "tremendous authority" to the states*

The U.S. Senate prepares to vote next week on a new proposal that would repeal and replace the Affordable Care Act (ACA) and create significant new flexibility for states. The bill was coauthored by Wisconsin Sen. Ron Johnson and GOP Sens. Bill Cassidy of Louisiana, South Carolina's Lindsey Graham and Dean Heller from Nevada.

In a written statement to the Associated Press (AP) provided by aides, Johnson said funding formulas to correct the distribution of money under Obama's law needed to be changed "to reflect the unique circumstances of many states, including recognizing the innovative reforms of Wisconsin."

The bill would combine all the federal funding for Medicaid expansion, cost-sharing reduction subsidies (CSRs), and the premium tax credits for people buying insurance on the exchange and instead give the money to states in the form of "market-based block grants." For Wisconsin, the bill recognizes that Wisconsin implemented a "partial expansion" of Medicaid by providing coverage to all with income up to 100 percent of the federal poverty level (FPL). That partial expansion was not recognized by the federal government as a "full expansion," and unlike other states, Wisconsin has not received enhanced federal funding over the past three years to fund its program. The bill rectifies that inequity by allowing Wisconsin in the initial years to receive additional funds for its program.

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Over time, the bill attempts to equalize the amount of funding across states by providing the same per-person dollar amount. States would receive \$4,400 for each person in their state with income between 50 percent and 138 percent FPL. States could then use these dollars to provide health care coverage in a manner they choose. States could waive key provisions of the ACA such as essential health benefits. States could also choose to allow insurers to establish premiums based on age and health status, and could eliminate the medical loss ratio rebate requirements.

According to two separate analyses—from Kaiser Foundation and from Avalere—Wisconsin could see increased funding of \$3 billion over seven years under the bill. If accurate, that could be a significant amount of funding to help sustain the coverage gains Wisconsin has achieved over the past several years. However, a provision included in the bill gives the Secretary of HHS significant authority to adjust the dollar amounts for any state based on risk, wage rates, demographics and other factors. Thus, whether the amounts estimated for Wisconsin would be realized remains uncertain.

Further, separate from the “market-based block grant,” the bill would set per capita spending caps in the traditional Medicaid program, which covers elderly, blind and disabled, children and other non-expansion adult population groups. The bill would allow the per person amounts to grow over time, mostly limited to the medical component of the Consumer Price Index. The report from Kaiser estimates Wisconsin would receive \$562 million less under the traditional Medicaid program per capita caps compared to current law. For WHA, this is an obvious concern, as demand is driven by social and economic factors that are often beyond the control of an individual, a state or a health system.

In a statement, WHA President/CEO Eric Borgerding said:

“Wisconsin’s uninsured rate has dropped by 41 percent since 2013. With this in mind, WHA’s top two priorities remain sustaining the Wisconsin Coverage Model, which very purposefully relies on a combination of Medicaid for those in poverty (below 100 percent FPL) and subsidized coverage for low-income individuals no longer eligible for Medicaid; and, ensuring Wisconsin is treated equitably when it comes to Medicaid funding—that we are no longer penalized for rejecting Obamacare Medicaid expansion.

The Graham-Cassidy-Heller-Johnson bill appropriately recognizes Wisconsin’s coverage model and its partial Medicaid expansion. Two national studies conclude that the block grant funding for Wisconsin would be significantly higher under the bill compared to current projections. Achieving fair funding for Wisconsin has been a top WHA priority, and we appreciate the efforts made in this legislation to deliver much needed equity. These are dollars that can be used to address critical health care needs and stabilize Wisconsin’s market. And with the flexibility included in the bill, if the right decisions are made at the state level, Wisconsin’s current coverage model could be preserved and even strengthened, another WHA priority.

However, WHA remains concerned about the inadequate Medicaid inflationary adjustments included in the bill for elderly, blind and disabled population groups, and children. These vulnerable populations must

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We are proud to be the best, but our health care professionals are not satisfied with these accomplishments. They remain committed to constantly improving the quality and safety of patient care delivered in communities across our great state.

The Wisconsin Hospital Association thanks our state’s physicians, nurses, caregivers and staff who support them for their compassionate patient care and always pursuing a higher standard of excellence.



\*Wisconsin ranked first based on the highest score across more than 130 measures the Agency for Healthcare Research and Quality (AHRQ) uses to assess quality

*This ad will run in the Milwaukee Journal Sentinel Friday, September 22 and Sunday, September 24, 2017.*

## Key to Successful Emergency/Crisis Management is Preparation, Practice *Speakers focus on building EP communications, response infrastructure*



*Stephanie Smiley; Vincent Covello; WHA President/CEO Eric Borgerding*

Experts in crisis management and emergency response presented along with two state agency representatives at a WHA conference in Madison September 20. WHA President/CEO Eric Borgerding said the recent storms that hit Texas, Florida and Puerto Rico are grim reminders of why emergency preparedness is so critically important.

“Our communities depend on us as the health care safety net in times of distress and disaster,” Borgerding said. “We are gathered here today to learn how to work not just as individuals, but as partners to carry out our responsibility to serve the citizens of Wisconsin.”

State agencies and the governor play significant roles in the state’s response and in deploying critical resources to impacted communities. Stephanie Smiley, director of the Bureau of Communicable Diseases at the Wisconsin Department of Health Services (DHS), described how the incident command center operates at the state level and the state agencies and the processes they work within that are utilized in responding to environmental disasters, food safety, terrorist threats and infectious diseases.

Wisconsin is a “home rule” state, which means local public health departments have the authority to be the lead agency in responding. Smiley said the state does not drive the emergency response unless the locals defer to the state. The State usually just provides guidance and resources to help.

Peter Shult, PhD, associate director of the Wisconsin State Laboratory of Hygiene, provided an overview of the state lab operation and responsibilities, and he acknowledged the critical importance of the network of clinical labs located in Wisconsin’s hospitals to the early identification of a range of diseases, from influenza to anthrax.



*Andrew Brenton, WHA; Peter Shult; Mary Kay Grasmick, WHA*

“Clinical labs follow a strict rule—use your routine methods, recognize when you might be dealing with something unusual and report that to state lab to rule out if you are working with a high-risk specimen,” Shult said. “We have over 130 clinical labs in the state, and we work with every one of these labs on a first name basis and communicate with them nearly daily.”



*Christopher Sonne, Andrew Brenton, William Castellano*

Risk communications expert Vincent Covello, PhD, helped attendees understand the importance of preparing in advance for potential crisis situations and developing “message maps” that address the myriad of questions and concerns that can arise during an emergency. He emphasized communicators must keep in mind the fact that when people are stressed or fearful, their ability to process information is compromised, so keeping messages simple is essential.

Conference attendees likewise found value in a breakout session entitled “Active Shooter: Plan and Prepare,” presented by Christopher Sonne and William Castellano from HSS EM Solutions. Sonne and Castellano shared best practices and lessons learned from live active shooter scenarios, which are scenarios in which a person with a gun is harming or threatening to harm hospital staff, patients, or visitors. Participants in this breakout session discussed staff roles and responsibilities, participated in a tabletop exercise and practiced tactics for responding to an active shooter.

## Patient Safety Tools & Concepts Focus of First Quality Forum Session, Oct. 17

On October 17, WHA is offering a one-day session focused on patient safety tools and concepts, including an emphasis on the deviation management process and discussion on a variety of practical tools. Faculty includes Kelly Court, WHA chief quality officer, and Alex Hunt, quality assurance manager, Community Blood Center, Appleton. Hunt is well known in Wisconsin quality leadership circles and has served as director of patient safety for Hospital Sisters Health System (HSHS) and was the quality director for the ThedaCare system.

“Patient Safety Tools and Concepts” launches WHA’s new Quality Forum, a series of day-long education events that will address high-priority topics for hospital quality leaders and others involved in quality improvement in Wisconsin hospitals and health systems. The series includes topics such as medical staff quality, survey readiness, meeting external reporting requirements and more; and presenters for each will share topic expertise and best practice applications.

Online registration and information on all six sessions of the WHA Quality Forum can be found at [www.cvent.com/d/f5qhb9](http://www.cvent.com/d/f5qhb9). Registration at each session will be limited, so those interested should register as soon as possible.

For registration questions, contact Kayla Chatterton at [kchatterton@wha.org](mailto:kchatterton@wha.org). Contact Beth Dibbert at [bdibbert@wha.org](mailto:bdibbert@wha.org) for questions about the content of these sessions.

## WHA Foundation’s 2017 Global Vision Award Honors Dental Clinic and Mental Health Resources Program



On September 22, the WHA Foundation announced the recipients of the 2017 Global Vision Community Partnership Award, including the “Door County Medical Center Dental Clinic,” nominated by Door County Medical Center (DCMC) in Sturgeon Bay; and the “3D Community Health: Body. Mind. Spirit’s Question. Persuade. Refer: How to Help Someone in Crisis” program, jointly nominated by HSHS Sacred Heart Hospital in Eau Claire and HSHS St. Joseph’s Hospital in Chippewa Falls.



The Door County Medical Center Dental Clinic is a non-profit facility that has been providing free oral health care to youth throughout Door and Kewaunee counties since 1999. The clinic is staffed by general dentists with clinic costs underwritten by DCMC and grant funding. The clinic provides a dental home to a very diverse group of patients from throughout the region and is connected to many local organizations, including the Door County Social Services and Health Department, the Hispanic Resource Center, the local school district, the local Boys and Girls Club, and they treat 90 percent of the children enrolled in Head Start. It is the only dental facility in the area that accepts Medical Assistance, Badger Care or children who have no insurance and no dental home. In 2016, the DCMC Dental Clinic had 3,015 visits, up from 997 visits in 2010. In 2017, they treated 495 people during the month of April alone, nearly one-half of 2010’s total visits. In addition, they have narrowed their waiting list from 300 people in January 2017, to 100 people in June 2017. The dental clinic now sees adult patients twice a month who have emergency dental issues, as well as clients of community programs who have mental health issues.

Based on results from community health assessments over the past few years showing suicide as the top concern of people in the Chippewa Valley, HSHS Sacred Heart and St. Joseph’s Hospitals have made mental health awareness their first priority. In collaboration with the Chippewa Health Improvement Partnership, Eau Claire Healthy Communities and others, the hospitals’ 3D Community Health: Body. Mind. Spirit program began an ambitious project in late 2014 to change suicide rates in Eau Claire

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and Chippewa counties, which at the time were the highest in the state. The "Question. Persuade. Refer: How to Help Someone in Crisis" program was born. In late November 2014, 22 volunteers from health care facilities, places of worship, local school districts and local businesses were trained in QPR – Question, Persuade, Refer. The program is not meant to teach people how to counsel someone in need, but rather to give people the tools to identify someone who's struggling, to persuade them to get help, and to refer them to appropriate resources. They learned the ins and outs of QPR, using proven, evidence-based suicide prevention training methodologies. They, in turn, took their training to teach QPR to anyone who wanted to learn, free of charge. Within the first year, that small group of trainers held 47 classes, educating 2,399 people in the Chippewa Valley. In the program's second year, the QPR trainers held 38 classes for adults with 978 participants, and 57 classes for youth with 1,677 participants, an additional 2,655 community members trained to recognize the warning signs of suicide and how to refer friends, family, coworkers to appropriate mental health resources when they need them the most.

The WHA Foundation's Global Vision Community Partnership Award is a competitive grant award created in 1995 to recognize the efforts of WHA members in meeting the documented health needs in their communities through creativity, innovation, partnership and collaboration. To date, the Award has honored 44 innovative programs in communities throughout Wisconsin.

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budget. Just three budgets ago, Wisconsin did not have a Medicaid DSH program. In addition, the JFC recognized rural hospitals who do not qualify for DSH because of a federal law criteria which requires the hospital to provide OB services. The JFC provided \$1.2 million to support these rural hospitals who treat the same level of Medicaid patients as Medicaid DSH hospitals.

The final budget also includes several WHA priorities to strengthen our state's physician, advanced practice clinician and allied health professional workforce. The budget bill provides \$1.5 million to increase the state's graduate medical education matching grant program and another \$1 million annually for newly created matching grant programs to support hospitals looking to offer new training sites and experiences for advanced practice nurses, physician assistants and allied health professionals.

Wisconsin's governor has strong partial veto authority to strike specific items from an appropriation bill while enacting the rest of the bill into law. The governor used this power 99 times in this budget and used it to strike one provision WHA lobbied for that created a pilot program for intensive care coordination services provided to Medicaid beneficiaries by hospitals and health systems.

These care coordination services are designed to better manage patients who are high utilizers of hospital emergency department services, which has proven to provide better care for patients and lower overall costs for the Medicaid program. In a letter supporting the provision from Sen. Alberta Darling, Senate co-chair of the JFC, and Assembly Health Committee Chairman Joe Sanfelippo, the two lawmakers stated the provision would "encourage" and "replicate" successful provider-based intensive care coordination programs. The lawmakers stated "hospital-level interventions not only dramatically reduce utilization, but give patients with the highest needs the knowledge and skill to be informed health care consumers."

Since learning of the veto, WHA has already been in communication with Walker's senior staff about the need to continue discussing the role hospitals and health systems can and should have in better managing care for patients who are significant utilizers of hospital emergency departments.

"We also look forward to continuing discussions with Governor Walker, DHS Secretary Seemeyer and the Legislature around innovative strategies and partnerships that will deliver better managed and better coordinated care for the state's most costly Medicaid patients," said Borgerding in a statement following the budget bill signing ceremony.

## WHA Education: Health Care Administrative Professionals Conference, Oct. 5

The 2017 Administrative Professionals Conference will take place October 5 at the Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. The theme for this year is "Smarter Skills and Traits for Today's Assistant."

This program will cover essential skills and traits needed to be a successful administrative assistant. This includes time management, communication best practices, workload and Microsoft Outlook tips and tricks.

This program is designed for executive and administrative assistants, business office managers and other support staff in hospitals and other health care settings. A brochure is included in this week's packet. Online registration is available at [www.cvent.com/d/25q5rw](http://www.cvent.com/d/25q5rw).

Pass the brochure on to the valued administrative support professionals in departments throughout your organization. For questions, contact Sherry Collins at 608-274-1820 or email [scollins@wha.org](mailto:scollins@wha.org).

### Fast Facts from the WHA Information Center

#### September is Gynecologic Cancer Awareness Month

The American Cancer Society estimates for ovarian cancer in the United States for 2017 are:

- About 22,440 women will receive a new diagnosis of ovarian cancer.
- About 14,080 women will die from ovarian cancer.



Ovarian cancer ranks fifth in cancer deaths among women, accounting for more deaths than any other cancer of the female reproductive system. A woman's risk of getting ovarian cancer is about 1 in 75.

Data from the WHA Information Center collected from 2014-2016 showed there were 1,240 inpatient stays for ovarian cancer in Wisconsin and 25,300 outpatient visits, which included outpatient surgery, emergency room, observation and ancillary services over the same period of time.

For more information on ovarian cancer, visit: [www.cancer.org/cancer/ovarian-cancer.html](http://www.cancer.org/cancer/ovarian-cancer.html).

*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 2 . . . Graham-Cassidy-Heller-Johnson Bill

be protected and we question whether the funding will keep pace with the need. We are also concerned that a bill, which gives an innovative state like Wisconsin greater authority to craft its own approach to health care, allows the Secretary of the federal Department of Health and Human Services to unilaterally make specific adjustments to funding levels, leaving great uncertainty about the overall impacts for Wisconsin.

If this bill becomes law, tremendous authority will devolve back to the states, and determining the path and direction of coverage will rest largely in Madison. If enacted, Wisconsin *must* take steps to protect vulnerable populations and to assure continued access to affordable care in our state. Again, Wisconsin has a good model in place; our coverage rate is one of the best in the country with just 5.3 percent uninsured. We should be working to sustain that model and that progress."