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EDUCATION EVENTS

Oct. 23 - WHA Emergency Preparedness Conference: Cybersecurity in Health Care
Madison

Nov. 30 - Preparing the Chargemaster for 2019
Wisconsin Dells

WHA LEADS DELEGATION TO D.C. TO URGE CMS TO ABANDON SITE-NEUTRAL CUTS

Wisconsin congressional members join hospital leaders in voicing concern to CMS



L to R: Jon Hoelter, WHA Director of Federal and State Relations; Tim Size, Executive Director of the Rural Wisconsin Health Cooperative; Representative Mike Gallagher; Robert Van Meeteren, President and CEO of Reedsburg Area Medical Center

WHA and its hospital and health system leaders were in Washington, D.C. again last week garnering support from Wisconsin's Congressional Delegation in an effort to get the Centers for Medicare & Medicaid Services (CMS) to rethink its proposal on site-neutral payment reductions under the 2019 Outpatient Prospective Payment System (OPPS)

rule. WHA had been in Washington earlier in September educating lawmakers on this issue and its impact to Wisconsin's health care community. If not corrected in the final rule, these changes could reduce payments to Wisconsin hospitals by \$30 million in 2019 and \$440 million over the next ten years.

In its proposal, CMS cited authority under SSA 1833(t)(2)(F) to control unnecessary increases in the volume of outpatient department services as a rationale for cutting reimbursements to off-campus hospital outpatient departments. CMS has called this policy "site-neutral payments," because hospitals would be reimbursed at the same level for certain services as other outpatient providers. But rather than simply propose this policy for only new providers, CMS proposed site-neutral payment cuts at all existing off-campus hospital outpatient departments, facilities that were intended to be exempted from such cuts by Congress. Specifically, the cuts would apply to all clinic visits and any new families of services provided at both new and previously grandfathered hospital outpatient departments.



WHA's members meet with Sean Riley, Chief Counsel & Legislative Director for Senator Ron Johnson, who led the letter from Members of the WI Delegation to CMS

WHA noted in its comment letter (read more on page 2) that Congress did not intend for CMS to use such authority in a way that directly conflicts with not one, but two, Acts of Congress. The 2015 Bipartisan Budget Agreement specifically grandfathered

(continued on page 5)

WISCONSIN HOSPITALS STATE PAC & CONDUIT APPROACHES GOAL

See the contributor list

The Wisconsin Hospitals State PAC & Conduit's Final Push campaign is going strong with almost \$295,000 raised to-date, or 94% of the campaign's \$312,500 goal. A huge thank you to the 237 individuals who have contributed so far in 2018. See the complete list of contributors on pages 5-6.

Elections are right around the corner, just 28 days until voters head back to the ballot box. That means the clock is ticking to contribute and to disburse dollars to candidates who support high-quality, high-value health care.

Contributions can be made online at www.whconduit.com or call WHA's Kari Hofer at 608-268-1816 or Nora Statsick at 608-239-4535.

The next contributor list will be released October 16, 2018.

— 28 DAYS —
FINAL ELECTION PUSH
WISCONSIN HOSPITALS STATE PAC & CONDUIT



WHA SUBMITS COMMENT LETTER ON 2019 OUTPATIENT PAYMENT RULE

Concerns over site-neutral payments; urges fixes to Bay State Boondoggle

WHA urged the Centers for Medicare & Medicaid Services (CMS) to abandon its proposal to cut outpatient payments for hospital outpatient departments, and to do all within its power to fix the Bay State Boondoggle's impact for hospital outpatient payments in comments on the 2019 Outpatient Prospective Payment System (OPPS) rule. WHA also thanked CMS for its efforts to reduce duplicative and unnecessary quality reporting measures in the hospital outpatient and ambulatory surgery center settings.

In the comment letter, WHA took issue with CMS' proposal to reduce payments to off-campus hospital outpatient departments by \$760 million annually via a reduction in reimbursements for clinic visits and new lines of services at all off-campus hospital outpatient departments. (Read more about this newest proposed site-neutral payment policy and WHA's efforts to push back on it in the article on page 1.)

WHA also requested CMS to use its authority to fix the adverse impacts the Bay State Boondoggle continue to have on hospital outpatient payments under the Area Wage Index. While the Area Wage Index is supposed to adjust payments based on local market conditions, the Bay State Boondoggle was a provision thrown into the Affordable Care Act which manipulated payments to unfairly benefit states on the east and west coasts at the expense of other states, like Wisconsin. In the comment letter, WHA asked CMS to use its authority to decouple the OPPS wage index from Inpatient Prospective Payment System (IPPS) rule in a manner that restores accuracy and fairness to the calculation.

CMS' proposed rule also included several reforms to quality measures under hospital outpatient and ambulatory surgical center (ASC) reporting rules. WHA thanked CMS for its continued effort to reduce unnecessary burdens on hospitals while focusing on the appropriateness of measures in the various pay-for-performance programs and offered support of these efforts. Read more about these and other proposals in WHA's [full comment letter](#), or contact WHA's Director of Federal and State Relations [Jon Hoelter](#), or WHA's Chief Quality Officer [Beth Dibbert](#) for more information.

TRUST AND TRANSPARENCY TRAINING SESSION HELPS LEAD TO BETTER PATIENT OUTCOMES

Just Culture session provides skills and accountability strategies

As hospitals work to reduce preventable readmissions and health care-acquired harm, they are also learning how to integrate high reliability and patient and family engagement principles into their culture. Creating a cultural foundation of trust and transparency is not easy, and it is not something that happens overnight.

More than 125 hospital leaders and quality staff from Wisconsin hospitals attended the Just Culture – The Foundation of Trust & Transparency training session held September 26, 2018. The event was led by David Marx, JD, Founder and CEO of Outcome Engenuity, LLC. *(continued on page 3)*



David Marx leads the CEO panel at the Just Culture event

Participants learned strategies to reshape accountability within an organization to foster an environment to produce better outcomes for employees, patients, and their community. Small group work enabled attendees to talk through new learning concepts and brainstorm ways their organizations could take steps to “hard wire” Just Culture practices.

how leadership direction is key to creating a foundation of trust and transparency within an organization, and the physician panel provided strategies on how to implement a trust and transparency cultural model.

CEO Panel

- Moderator: David Marx
- Barb Knutzen, VP Performance Excellence, SSM Agnesian
- Philip Stuart, CEO, Tomah Memorial Hospital
- David Hartberg, CEO, Gundersen Boscobel Area Hospital and Clinics

Physician Panel

- Moderator: Robert Redwood, MD, MPH, Physician Improvement Advisor with WHA
- Anton Salud, MD, Ascension Wisconsin
- Mike Murphy, RN, FACHE, Director of Patient Safety, Ascension Wisconsin
- Steven Kulick, MD, Chief Experience Officer, Marshfield Clinic Health System
- Erik Dickson, MD, Chief Physician Executive, HSHS Western WI Division



Physician leaders at WHA's Just Culture event

FIRST-EVER INFECTION PREVENTION BOOTCAMP A SUCCESS!

More than 125 individuals from hospitals, nursing homes, and ambulatory clinics joined the Wisconsin Hospital Association, MetaStar Inc., and the Wisconsin Department of Health Services for the inaugural Infection Prevention Bootcamp last week.

Topics included best practice resources, practice standards, and rules and regulations for all settings, including cleaning and disinfection. Attendees learned how to assess their program, complete a risk assessment, and received an introduction to quality improvement with a hands-on demonstration of the Plan-Do-Study-Act tool.

Participants learned more about the necessary surveillance for a variety of practice settings, as well as the use of National Health and Safety Network. Breakout session opportunities included construction risk assessment, long-term care final rules, and operating room inspections.



Participants in the Infection Prevention Bootcamp



A small group session at the Infection Prevention Bootcamp

CMS AWARDS EXTENSION TO GREAT LAKES PARTNERS FOR PATIENTS

WHA is proud to announce that the Great Lakes Partners for Patients (GLPP) was just awarded a six-month Hospital Improvement Innovation Network (HIIN) contract extension from the Centers for Medicare & Medicaid Services (CMS) through March 2019, a direct result of the quality improvements Wisconsin hospitals have demonstrated over recent years.



The extension allows the GLPP HIIN to continue its current scope of work of reducing all-cause patient harm by 20% with a 12% reduction in 30-day readmissions—all while addressing health disparities and providing an increased focus on opioid stewardship.

As Wisconsin continues to be a nationwide leader in health care quality, HIIN hospital participants have evidence-based strategies and robust data intelligence at their disposal, ready to infuse into their current practices. With a primary focus on improved patient outcomes while reducing overall costs, patients and families in Wisconsin can continue to experience excellent quality care that is the cornerstone of our state.

FAST FACTS FROM THE WHA INFORMATION CENTER: OCTOBER IS BREAST CANCER AWARENESS MONTH

Breast cancer is the second most common cancer and second leading cause of cancer death among women in the United States. About 1 in 8 women in the U.S. will develop invasive breast cancer during their lifetime—or approximately 12%.

According to the WHA Information Center, Wisconsin saw the following in 2017:

- 423 inpatient admissions
- 8,307 outpatient surgeries
- 68,970 other hospital outpatient visits for the diagnosis or treatment of female breast cancer

At this time, there are more than 3.1 million breast cancer survivors across the nation, but the American Cancer Society estimates about 40,920 women in the U.S. will die from breast cancer in 2018.

Visit the [American Cancer Society](#) for more information about breast cancer detection and diagnosis.

WCMEW TO HOST 2018 INTERDISCIPLINARY HEALTH CARE WORKFORCE SUMMIT, NOV. 2

Registration is open for the 2018 Wisconsin Council on Medical Education and Workforce (WCMEW) Summit *Creating the Clinical Workforce We Need: Policies, Strategies and Innovations in Wisconsin*. The Summit, scheduled for November 2 in Wisconsin Dells, will take an interdisciplinary, forward-focused approach to workforce issues and is an ideal venue for policymakers, health care leaders, educators and clinicians to connect across professions and traditional industry silos.

The 2018 Summit will include a keynote address by Scott Shipman, MD, PhD, Director of Primary Care Initiatives and Workforce Analysis for the Association of American Medical Colleges. Dr. Shipman will focus on efforts to promote high-value delivery of primary care and discuss how policies inform the workforce in a health care setting. The agenda will also include sessions focused on clinical site coordination, engagement and retention trends, workforce strategic planning, data-informed decision making, and program development.

A full [agenda and other registration details](#) are available. Contact [Richelle Andrae](#) of WCMEW with any content questions, or [Kayla Chatterton](#) with registration questions.

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existing off-campus hospital outpatient departments and exempted them from such cuts. In addition, the 21st Century Cures Act passed in December of 2016 exempted hospitals that were in the mid-build phase as of November 2, 2015.

To line up support against this proposal, WHA led a letter from 27 impacted hospital leaders to CMS, which it submitted as official comments to CMS. In the [letter](#), hospital leaders reminded CMS that the agency itself recognized in 2014 that there are legitimate reasons for the current payment levels to hospitals, such as the high costs related to running emergency rooms 24 hours a day, 7 days a week, and providing this life-saving care regardless of whether patients have health insurance or can pay their bills.

The letter also thanked CMS for its other efforts to reduce unnecessary regulations on hospitals, and suggested the agency should take a similar approach in finding ways to improve the cost-effectiveness of Medicare—noting that Wisconsin has some of the highest quality marks in the country, while being in the lower tier of Medicare reimbursements. Wisconsin’s hospital leaders proposed CMS develop alternative solutions that reward and incentivize the delivery of high-value health care, rather than the proposed site-neutral cuts.

In addition to the member letter, WHA also sent out a Hospitals Education & Advocacy Team (HEAT) alert asking HEAT members to contact their elected officials and urge them to sign onto a letter spearheaded by WHA to express their concerns to CMS. Ultimately, HEAT members contacted all 10 of Wisconsin’s members of Congress, sending 262 individual messages of support.

These combined efforts from WHA and its members led to the [Wisconsin Congressional Delegation sending a letter to CMS](#) expressing lawmakers’ concern with the proposed site-neutral cuts. They noted it would be unfair to change the rules mid-stream and requested CMS respect the clear language of the two previous Acts of Congress exempting existing facilities from these cuts.

WHA thanks Senators Johnson and Baldwin, and Representatives Gallagher, Grothman, Pocan, Kind, and Moore for supporting Wisconsin’s hospitals and health systems on this issue.

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