WISCONSIN HOSPITAL ASSOCIATION

The Valued Voice

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WHA and Board Focused on Member Priorities, Upcoming Budget Strategy

The discussion centered around WHA Member priorities, planning for the upcoming biennial budget session, and WHA's strategic agenda at last week's Board meeting.

WHA's Board meeting June 21

State agencies are already planning for the 2019-21 biennial budget and so is WHA, focusing on issues of ongoing and emerging importance to hospitals and health systems across the continuum of care. WHA President/CEO Eric Borgerding noted WHA's upcoming biennial budget and legislative priorities reaffirm the sentiments heard in the December 2017 Member CEO Survey:

1. Workforce shortage
2. Uncertainty in the insurance market
3. Government underpayment

GME Program Focus in Upcoming Budget

The Graduate Medical Education (GME) program will again be a budget priority to help address Wisconsin's physician shortage now and in future, particularly as our population over the age of 65 is expected to double by 2030.

> ***"In 2011, WHA authored a report ringing the alarm bell that we will need 100 new physicians each year—and that alarm bell is still very much ringing. GME is a great example of how WHA and our many valuable partners use public policy to address and solve workforce challenges"***
>
> - WHA President/CEO Eric Borgerding

"In 2011, WHA authored a report ringing the alarm bell that we will need 100 new physicians each

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Two WHA-Supported Opioid Reform Measures Pass House

Senate expected to act in July

On June 20, the U.S. House of Representatives voted to pass two important opioid reform measures supported by WHA.

HR 6082, the Overdose Prevention and Patient Safety Act, would align patient behavioral health and substance use treatment records with HIPAA, making it easier to share critical health information. Under current law, 42 CFR Part 2 governs these records, and patients must provide express written consent for their records to be shared. By aligning 42 CFR Part 2 with HIPAA, providers could automatically receive records that show, for instance, cases where a surgery patient had a history of opioid abuse, allowing providers to consider that when developing the post-surgery treatment plan. This could prevent potentially devastating outcomes where a provider would otherwise not have that information, putting a patient at risk for relapse.

HR 5797, the IMD Care Act would open up more treatment locations for opioid patients covered by Medicaid. Under current law, fee-for-service Medicaid will not pay for treatment in Institutions of Mental Disease (IMD), facilities that provide primarily psychiatric care and have more than 16 beds. This legislation will allow those Medicaid patients to receive care in these additional settings for up to 30 days. This should help more patients receive care when and where they need it, leading to fewer overdose patients ending up in hospital emergency rooms.

WHA President/CEO Eric Borgerding sent a letter to all Wisconsin House members June 12 urging the House to take up these important measures and the Wisconsin delegation to support them.

"We were very pleased to see both these bills pass the House with wide bipartisan support. These are important reforms that will lead to better care at Wisconsin hospitals and better outcomes for patients seeking treatment for opioid addiction," said Borgerding.

These bills, along with more than 40 other opioid reform bills will now go to the U.S. Senate, which is expected to take up its opioid reform proposals in July.

Political Action Spotlight

Wisconsin Hospitals State PAC & Conduit Continues with Momentum

See full contributor list

The Wisconsin Hospitals State PAC & Conduit heads into summer with momentum raising an additional $35,000 this month and adding 36 donors. A total of $173,515 has been contributed to date by 163 individuals, holding a strong average contribution of $1,064 per individual!

The 2018 fundraising goal is $312,500, putting the Wisconsin Hospitals State PAC & Conduit at 56 percent of the year-end goal.

Take a look at the full 2018 on pages 6-7 to see who made the list.

To make sure your name is on future contributor listings, make your personal contribution today at www.whconduit.com or by contacting WHA's Kari Hofer at *khofer@wha.org* or 608-268-1816 or Nora Statsick at *nstatsick@wha.org* or 608-239-4535.

WHA Hosts New Superior Health Quality Alliance

WHA hosted a day-long event for the founding members of the Superior Health Quality Alliance (SHQA). SHQA brings eight regional quality improvement entities together into an incorporated membership that will bid for work in future Centers for Medicare & Medicaid Services (CMS) task orders during the 12th Scope of Work. SHQA will align quality work across patient and provider settings, and combine the breadth and strength of our quality improvement organizations in Wisconsin.

SHQA members meet June 13 at WHA Headquarters

Organizations participating in the SHQA are:

- Wisconsin Hospital Association
- MetaStar, Wisconsin's federally recognized QIO (quality improvement organization)
- Illinois Health and Hospital Association
- Michigan Health & Hospital Association
- MPRO, Michigan's federally recognized QIO
- Midwest Kidney Network
- Minnesota Hospital Association
- Stratis Health, Minnesota's federally recognized QIO

Matthew Stanford, WHA's general counsel, led the SHQA members through the creation and eventual adoption of its articles of incorporation and bylaws. The SHQA will be a non-profit, non-stock corporation chaptered in Wisconsin.

"WHA is proud to be a founding member of the Superior Health Quality Alliance, a unique, multi-state, multi-organizational partnership and initiative in advancing quality care," said WHA President/CEO Eric Borgerding in welcoming the group to the WHA headquarters. "Each of our organizations has much to be proud of when it comes to improving the quality of health care. When we come together, and combine our strengths, we will be even stronger."

FCC Increases Funding for Rural Health Care Program to $571 Million Annually

The Rural Health Care Program provides funds to support the delivery of telehealth services

Earlier this month, the Federal Communications Commission (FCC) issued an order unanimously approving an immediate $171 million increase for the federal Rural Health Care Program. The Rural Health Care Program provides reduced rates to rural health care providers for telecommunications and broadband services to enable and expand use of telehealth.

"This money will help health care providers get the connectivity they need to better serve patients throughout rural America," said FCC Chairman Ajit Pai.

Prior to the FCC's order, the Rural Health Care Program had been capped at $400 million annually since 1997 and was not indexed for inflation. The decision to increase the annual cap by $171 million brings the new annual cap to $571 million, which represents what the funding level would have been had the original $400 million cap been adjusted for inflation since 1997.

In addition, under the FCC's order, the new $571 million cap will be adjusted annually for inflation, and unused funds may be carried forward to future years.

For questions regarding the Rural Health Care Program or telehealth generally, contact Andrew Brenton, WHA assistant general counsel, at *abrenton@wha.org* or 608-274-1820.

WHA Members Appointed to Legislative Council Summer Study Committee on Direct Primary Care

Reedsburg Area Medical Center and Froedtert to Participate

Every even-numbered summer, the Wisconsin Legislative Council leads up several study committees to examine important and complex issues that may require legislative attention. One committee that was announced for this summer will consider the emergence of direct primary care. This committee will assess how direct primary care may impact the health care delivery system and health care outcomes in Wisconsin. It is also directed to examine and recommend legislation for how a direct primary care pilot program may be incorporated into Wisconsin's Medicaid program.

Maureen McNally

Bob Van Meeteren

Bob VanMeeteren, president/CEO, Reedsburg Area Medical Center, and Maureen McNally, chief of staff for the Office of the President and CEO at Froedtert Health, were recently appointed to serve as hospital and health system representatives to the study committee. The study committee is expected to commence in July, and WHA will provide support for our members, Bob and Maureen.

Questions about the study committee should be directed to Lisa Ellinger, WHA vice president, public policy at *lellinger@wha.org*, or Jon Hoelter, WHA director of federal and state relations, at *jhoelter@wha.org* or call 608-274-1820.

WHA Comments on CMS Proposed IPPS Rule

Price transparency, removing duplicative quality measures and reforming EHR

On June 25, the Wisconsin Hospital Association (WHA) submitted comments to the Centers for Medicare and Medicaid Services (CMS) on the proposed FY 2019 Inpatient Prospective Payment System (IPPS) rule for acute care and long-term care hospitals.

Among the list of topics covered were CMS efforts to promote hospital price transparency, removing and deduplicating various quality measures, and reforming the electronic health record (EHR) meaningful use program into a new program highlighting flexibility and interoperability.

- WHA highlighted its PricePoint website (www.wipricepoint.org), which provides complete, accurate and timely inpatient and outpatient data about charges and services provided by Wisconsin hospitals and ambulatory surgery centers. WHA recommended CMS recognize Wisconsin and other states' efforts to provide this information before adding unnecessary regulations that would increase hospitals' administrative burden.
- WHA's comments supported CMS proposals to remove duplicative measures from its Meaningful Measures framework for Hospital Inpatient Quality Reporting IQR, Hospital-Acquired Condition Reduction, Hospital-Wide Readmissions Reduction, and Hospital Value-Based Purchasing programs.
- Finally, WHA also provided comments to CMS proposals to reform the meaningful use program for electronic health records (EHR) to one promoting interoperability and flexibility. WHA recommended changes that align with the Trump administration's stated goals of minimizing the regulatory burden on hospitals so that any additional EHR requirements lead to health care cost savings and improvements in patient outcomes.

Read WHA's comment letter at www.wha.org/pdf/2018WHAFY19-IPPS-Proposed-Rule-Comments.pdf.

Compare Your Employee Benefits Programs

Managing employee benefit costs is one of the most important issues for nearly all employers, including health care. Many strategies involve creating incentives for employees to use and manage their health care more efficiently.

LMC Insurance & Risk Management (www.lmcins.com/healthcare.html) is WHA's premier partner for insurance, risk management, and employee benefit programs. Based on LMC's benefits benchmarking survey, the top five cost control strategies in 2017 were:

1. Increased employee share of monthly premium
2. Increased employee share of coinsurance
3. Negotiated lower plan costs

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4. Increased deductibles
5. Increased employee out-of-pocket maximums

How do your benefit plans and strategies compare? Participate in LMC's 2018 employee benefits survey to gain valuable insight in evaluating your program—ensuring you are providing benefits that are both competitive and economical. More information about the survey is available at www.lmcins.com/share-to-compare.html.

WHA members who complete the survey will receive customized benchmarking results that detail how their benefits compare to other hospitals, and how they compare to other employers in the Midwest and nationally.

Contact Ali Clark at *ali.clark@lmcins.com* for questions about the survey.

Call for Nominations: 2018 Global Vision Community Partnership Award

Nominations due to WHA Foundation by July 13

Honor one of your hospital's community health projects by submitting a nomination for a 2018 Global Vision Community Partnership Award, presented by the WHA Foundation.

This competitive grant award is presented to a community health initiative that successfully addresses a documented community health need. The Award, launched by the WHA Foundation in 1993, seeks to recognize and support ongoing projects that support community health.

Any WHA hospital member can nominate a community health project. The project must have been in existence for a minimum of two years and must be a collaborative or partnership project that includes a WHA member hospital and an organization(s) within the community.

Nominations are due July 13, 2018. Nomination forms can be found on the WHA website at www.wha.org/global-vision-comm-partnership.aspx. For more information about the Award, contact Jennifer Frank at *jfrank@wha.org* or 608-274-1820.

Member News: Aspirus Medford Hospital & Clinics Names Hustedt CEO

Dale Hustedt

Aspirus Medford Hospital & Clinics has named Dale Hustedt, FACHE, as the new CEO effective July 2. He replaces Rick Nevers who has served as interim since December 2016. Nevers remains senior vice president of regional operations & system integration officer for Aspirus, Inc.

Hustedt has 30 years of leadership experience in health care. Most recently, he was president and CEO of Avera Holy Family Hospital, a non-profit critical access hospital in Estherville, Iowa.

Member News: Selle Named President/ CEO of HSHS St. Nicholas Hospital

Justin Selle

HSHS St. Nicholas Hospital, Sheboygan has named Justin Selle as the hospital's next president and CEO effective August 20, 2018. Selle has served as the CEO of Pike County Memorial Hospital in Louisiana, MO, since 2015, after serving as chief operating officer there from 2014 to 2015. During his tenure at Pike County Memorial Hospital, Selle was honored by Becker's Hospital Review in a list of top critical access hospital CEOs from 2015-2017.

Selle has a Master of Business Administration with an emphasis in health care from Lindenwood University, is a member of the American College of Healthcare Executives, and has held multiple leadership roles on various community boards.

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year—and that alarm bell is still very much ringing," said Borgerding. "GME is a great example of how WHA and our many valuable partners use public policy to address and solve workforce challenges, and it will again be a priority for us in the state budget. We'll be looking at strategies to better target dollars for greatest impact while ensuring long-term sustainability of funding."

Linda McCart from DHS' Office of Policy and Budget Initiatives was a guest at the meeting to discuss the GME program. She noted the initiative is having a significant impact already in the state:

DHS' Linda McCart speaks at WHA's Board Meeting June 21

- Wisconsin will have 133 more residents in the pipeline by 2020. Compare that to 2013 when there were zero new residents in the pipeline.
- The GME psychology program will produce four new psychiatrists per year starting in June 2021. The first psych residents started in July 2017 to complete their four-year residency. In June 2024, Wisconsin will reach its goal of having 16 new psychiatrists—with the majority of their training done in rural clinical settings.

The GME Pipeline

MCW Northeast Wisconsin Psychiatry Residency Program
Four-Year Residency, Four Residents Enrolled Each Year

Jul-17	Jul-18	Jul-19	Jul-20	Jul-21	Jul-22	Jul-23	Jul-24
1st CL – PGY1	1st CL – PGY2	1st CL – PGY3	1st CL – PGY4	4 New Psychs			
	2nd CL – PGY1	2nd CL – PGY2	2nd CL– PGY3	2nd CL – PGY4	4 new Psychs		
		3rd CL – PGY1	3rd CL – PGY2	3rd CL – PGY3	3rd CL – PGY4	4 New Psychs	
			4th CL – PGY1	4th CL – PGY2	4th CL – PGY3	4th CL – PGY4	4 New Psychs
				New PGY1 CL begins; cycle repeats			

PGY = program year, CL = class,
New Psychs = new psychiatrists

New Psychiatrists = 16

DHS is also implementing new, WHA-backed clinical training grants in rural hospitals and clinics. Two new programs, which focus on training physician assistants, advanced practice registered nurses, and other high-demand professions, such as CNAs, are now up and running.

"WHA makes a great partner. We needed someone to help get this program off the ground, and we have been very successful in a very short period of time," said McCart.

McCart encouraged those interested in participating in any of these new, matching grant funded training programs to contact her directly at *linda.mccart@dhs.wisconsin.gov*.

GME Residency Grant Applications Available

July 2	Questions due by NOON
July 10	Conference call for applications at 2:00 PM
July 12	Notice of Intent to Apply due by 2:00 PM
Aug. 2	Applications due by 2:00 PM

For more information, visit the DHS website

Public Policy Agenda Report

The WHA team continues developing its proactive advocacy agenda in several areas of importance to members.

- **Medicaid Policy Work Group.** Lisa Ellinger, WHA vice president, public policy, noted the group is holding six meetings throughout the summer with a focus on the topics of reimbursement; managed care and population health; behavioral health; telehealth; workforce; dental access; and post-acute care. The group will put together its final recommendations in August.

  WI DHS Medicaid Director Heather Smith joined the work group in May, and said the agency's goals in the upcoming 2019-21 biennial budget include behavioral health and opioids, workforce, telehealth and dental access. Ellinger indicated the work of the WHA Medicaid policy group is aligning with many of DHS' priorities.

- **Physician Leaders Council.** WHA Chief Medical Officer Charles Shabino, MD, and General Counsel Matthew Stanford discussed WHA's emerging "top of license" agenda aimed at reducing regulatory burdens that stand in the way of physicians and other clinicians spending more time with patients and less time with paperwork.

- **Post-Acute Work Group.** WHA's Post-Acute Work Group recently finalized its report. WHA Vice President, Public Policy Laura Rose summarized key findings, including:
  - Post-acute care provider challenges
  - Lack of access to post-acute options for challenging patients
  - Barriers to team-based care in post-acute settings
  - Technology can be used to improve post-acute care
  - Lack of social supports after discharge, including transportation
  - Critical need for collaboration and communication during patient transitions

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WHA will distribute a white paper about the findings in July. The information will also be discussed with the Medicaid Policy Work Group to help determine WHA's budget request on behalf of its members.

- **Telemedicine.** Andrew Brenton, WHA assistant general counsel, provided the Board with an update on WHA's 2018 telehealth advocacy agenda, which is broadly aimed at expanding access to telehealth services by facilitating sustainable telehealth reimbursement and by removing regulatory barriers that prevent hospitals and health systems from maximizing use of telehealth.

  WHA will advocate for expanded coverage of telehealth services under Medicaid by adding Medicare-covered telehealth services, as well as removing distinctions between how Medicaid covers and pays for telehealth services vs. how Medicaid covers and pays for analogous in-person services. The WHA Telemedicine Work Group will continue to meet throughout the year, and has been instrumental in helping WHA develop its agenda for telehealth expansion.

AHA Regional Policy Board (RPB 5) Report

One of the more significant topics for Wisconsin that was discussed at the recent American Hospital Association (AHA) RPB 5 meeting was health care price transparency.

Wisconsin is ahead of the curve with PricePoint (www.wipricepoint.org), but Wisconsin RPB attendees noted more needs to be done to provide information that is consumer-facing. "Wisconsin has a lot to contribute to this issue and discussion," said Borgerding. "Transparency is a disruptor, and it's something we must continue to advance proactively, while making sure all payers are involved and at the table."

Due to the way health care is paid for and structured, including co-pays, deductibles and narrowing networks, this is an issue that involves insurance companies as much or more than providers, according to WHA. Next month, WHA's Transparency Task Force will resume its work seeking proactive solutions and improvements to various aspects of health care transparency.

"We also need to do a better job of explaining prices, but also a better job of educating people about what hospitals do for the community 24/7," said AHA Delegate Edward Harding, president/CEO, Bay Area Medical Center.

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Larson, Margaret	Affinity Health - Mercy Medical Center
Layman, Ben	SSM - St. Mary's Janesville Hospital
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Logsdon, Jamie	Ascension Wisconsin
Lux, Teri	Froedtert & MCW Community Memorial Hospital campus
Lynch, Sue	Franciscan Healthcare Auxiliary
Marquardt, Amy	Hospital Sisters Health System
McNally, Maureen	Froedtert & The Medical College of WI
Miller, Thomas	Children's Hospital of Wisconsin
Nelson, James	Fort HealthCare
O'Brien, Colleen	Bellin Health System
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Byrne, Frank	SSM - St. Mary's Hospital
Clark, Julie	HSHS - St. Joseph's Hospital
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