WISCONSIN HOSPITAL ASSOCIATION

The Valued Voice

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In This Issue

WHA Conference Focuses on Integrated Care Delivery Models

Ann Zenk, WHA; Kurt Mosley, Merritt, Hawkins & Associates

On September 13, WHA held its first ever advanced practice clinician (APC) conference in Wisconsin Dells. The conference was designed to help hospitals and clinics understand and navigate unique regulatory, billing and reimbursement, scope of practice, education and training, and onboarding and retention trends that impact APC practice in team-based care delivery models.

"With the growth in WHA members' APC workforce, so too has WHA's agenda grown to support and advance our members' ability to maximize its APC workforce to provide high-quality, cost-efficient team-based care," said Ann Zenk, WHA Vice President, Workforce and Clinical Practice, who kicked off the day's educational sessions.

"There are unique challenges and opportunities facing advanced practice clinicians and our organizations, and those challenges and opportunities can differ across urban, rural, hospital and clinic settings," said Zenk. "That is why WHA is very pleased to further explore those opportunities and challenges today,

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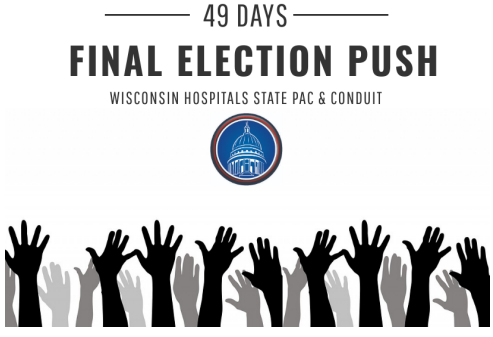
Political Action Spotlight

Elections 49 Days Away: Disburse Your Conduit Dollars Now

Wisconsin Hospitals State PAC & Conduit update



Heading into the final days before the November 6 Election, the Wisconsin Hospitals State PAC & Conduit kicked off their Final Election Push campaign last week, a two-part effort to encourage renewed participation for 2018, as well as remind conduit contributors to disburse their funds now.

As a reminder, individuals who contribute to the Wisconsin Hospitals Conduit need to authorize the release of those dollars in order for your funds to be contributed to candidate campaigns. To check conduit balances or discuss contributing your conduit dollars to candidates or campaign committees, contact Nora Statsick at 608-239-4535.

The Wisconsin Hospitals State PAC & Conduit aims to raise $312,500 this year. So far, $265,359 has been raised, 85% of goal, thanks to the strong support of over 225 contributors. *(Note: The next contributor list will be released October 1).*

Join the effort today by making your 2018 Wisconsin Hospitals State PAC & Conduit contribution. You can easily do so online at www.whconduit.com or by calling WHA's Kari Hofer at 608-268-1816, or Nora Statsick at 608-239-4535.

2018 Elections: What's at Stake for Wisconsin's Health Care

Who gets elected this fall could impact the state's health care environment – and your organization

"Health care dwarfs every other issue in this election. Voters care about access to health care for their families—and cost."

That was the message from WHA President/CEO Eric Borgerding at the Wisconsin Health News (WHN) panel discussion about what's at stake for Wisconsin families and the health care industry in this fall's elections.

*Panelists for Wisconsin Health News' **Newsmakers** event September 11, 2018, included Wisconsin Medical Society CEO Dr. Bud Chumbley, Wisconsin Primary Health Care Association CEO Stephanie Harrison, WHA President/CEO Eric Borgerding, LeadingAge Wisconsin CEO John Sauer, and WI Association of Health Plans CEO Nancy Wenzel.*

Borgerding was part of a WHN Newsmakers event that included Wisconsin Medical Society CEO Bud Chumbley, MD; Wisconsin Primary Health Care Association CEO Stephanie Harrison, LeadingAge Wisconsin CEO John Sauer, and Wisconsin Association of Health Plans CEO Nancy Wenzel.

Bottom line: who gets elected this fall could further Wisconsin's efforts to stabilize its health care market, and it's important to maintain comprehensive coverage for Wisconsin's low-income citizens to keep costs in check.

The panel tackled a number of issues including:

- Efforts to repeal the Affordable Care Act (ACA) or strike it down as unconstitutional
- Medicaid expansion
- Requiring drug testing and/or co-pays for Medicaid participants
- Block grants
- Workforce needs

Repealing the Affordable Care Act. Tim Stumm, WHN editor, moderated the discussion and asked the panel for their thoughts on Congressional efforts to repeal the ACA, and the Trump administration's support to do so.

In response to repealing the ACA, speakers noted that Wisconsin is a leader in health care innovation and has taken great strides to maintain comprehensive coverage for Wisconsin's low-income citizens. Borgerding noted the coverage aspects of the ACA have been in place since 2014, and Wisconsin has seen a nearly 50 percent reduction in its uninsured rate. "Sustaining Wisconsin's coverage gains needs to be priority number one going forward," Borgerding said.

"It is not easy to repeal Obamacare as some of those that have been its staunchest opponents have learned, sometimes stingily. If Obamacare is going to be legislatively repealed, you're going to have to have a Congress that looks different than what it looks like today," said Borgerding. (See Borgerding's previous column, ***Unwind Obamacare with Caution***.)

Dr. Chumbley remarked that many may think repealing ACA would lower the cost of health care, but says that's not true. Nancy Wenzel said there needs to be an alternative to comprehensive health care coverage in place because repealing could leave behind a more fragmented market, which was echoed by Stephanie Harrison who said the ambiguity of repealing the ACA would be difficult to manage.

The panel was also asked about the lawsuits to strike down the ACA and what would happen in Wisconsin if the courts were to rule the ACA unlawful.

"The governor and Legislature have taken 'a rational approach' toward the Affordable Care Act," Borgerding said. He cited bipartisan support for legislation preserving pre-existing condition coverage and a $200 million reinsurance program meant to stabilize the individual market. "I'm optimistic, I'm not going to say certain, that Wisconsin would step up to the plate and do something as quickly as it possibly can because we have a predisposition for already being willing to do that," he said.

Wenzel said Wisconsin has taken steps to stabilize the impact of the ACA and the exchange, and noted, "that's a lot of important health care policy that…has been implemented and efforts to stabilize the impact of all of those elements are in place. So, what we [would] have to do in Wisconsin is do what we always do—we find a way to get all the parties together, roll up our sleeves, and approach tough challenges in a bipartisan way."

Expanding Medicaid. The panel also pondered the idea of expanding Medicaid in Wisconsin. As reported by WHN, "…Borgerding predicted at a Wisconsin Health News event Tuesday that if Evers is elected governor, the Legislature will likely receive a budget bill that expands the program." ***(continued on page 3)***

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Borgerding stressed that if the Legislature considers expanding Medicaid in the State's next biennial budget, WHA will be adamant that the extra dollars are directed toward maintaining access and coverage of quality health care in Wisconsin. "They're not to be used for whatever else, you can take your pick, is in the budget," he said. "Those dollars are for health care, and voters agree."

Sauer noted that Wisconsin has led the way in Medicaid innovation, and there isn't any "fat to squeeze" from the program. He also remarked that Wisconsin is an older state and will see the number of people with dementia double in the next 20 years.

Medicaid Drug Testing or Co-Pay Requirements. WHN asked the group for their thoughts about requiring a co-pay or some sort of premium in the Medicaid program, or drug testing requirements.

Borgerding said a co-pay would have a minimal impact because those enrolled in the Medicaid program are at 100% of the federal poverty level.

"People will come to the emergency department and will get treated….it's not a disincentive," said Borgerding. "These are individuals with a very low income. I'm ok with people, health care consumers having some skin in the game—personal responsibility. But health care providers shouldn't be left to bear the brunt. I agree with the idea philosophically, but it shouldn't be on the back of safety net hospitals."

WHA has consistently advocated that co-pays should be payable to the State and that premiums for those in Medicaid be actually payable. (See WHA's comment letter on WI's 1115 Medicaid waiver.)

WHA President Eric Borgerding, speaking at a WHN Newsmaker event

Medicaid Block Grants. WHN followed with discussions about reinstituting block grants for the Medicaid program. While block grants seem to be flexible, that flexibility has to be adequately resourced, Borgerding remarked.

"With flexibility must come resources. This is a position Governor Walker and other advocates for block grants have taken, and one that WHA strongly agrees with if we go the block grant route," Borgerding responded. "WHA was heavily engaged in the repeal and replace debate, advocating for provisions in the Graham-Cassidy-Heller-Johnson bill that would have provided about $5 billion in additional Medicaid funding through 2026 along with block grants." (See Borgerding's previous column, ***The AHCA's Painful Contradiction.)***

If the Medicaid program were to reinstitute Medicaid block grants, Sauer said the federal government must also release Wisconsin from many of the cumbersome rules and regulations, or the State and providers will have no flexibility in administering the Medicaid program.

Workforce Needs. The last topic of the WHN event was the issue of health care workforce needs.

Borgerding said, "We asked our hospital and health system CEO members what are the issues that threaten your ability to provide high-quality care. The top issues, in this order, were workforce, insurance market stability and government reimbursement; workforce being at the top of the list. We've always approached this as yes, it's trying to get more people into the workforce, more people into those pipelines, [a] 'numbers game.' But it's also, in addition to that, trying to use public policy and the regulatory process to make sure that we are able to leverage the health care providers and practitioners and caregivers that we have right now in the system."

In addition to taking the two-prong approach of getting more people into the pipeline and building upon public policy successes such as the Graduate Medical Education program, WHA will advocate in the upcoming biennial budget for regulatory reforms that induce expansion of telemedicine in Wisconsin.

WHA is putting together a robust agenda to change the regulatory environment and Medicaid reimbursement for telemedicine in Wisconsin. Borgerding noted the Medicaid program spends $75 million each year on transportation for patients, and appointments could instead be conducted using telemedicine technology, ultimately saving the State millions of dollars.

For more information and comments from the WHN 2018 election event:

- Read what the panelists had to say about Medicaid expansion
- See highlights from the 2018 election conversation
- Watch the WisconsinEye video of the entire event

WHA Asks Congress for Support on Proposed Site-Neutral Payment Cuts

Urges lawmakers to sign onto WHA-backed letter asking CMS to withdraw proposal

Jon Hoelter with Congressman Paul Ryan

WHA was on capitol hill last week urging Wisconsin's Congressional Delegation to sign onto a letter WHA is spearheading that asks CMS to withdraw a provision in its proposed 2019 Outpatient Prospective Payment System (OPPS) rule. The rule would institute so called "site-neutral" payments for clinic visits at off-campus hospital outpatient departments and is anticipated to reduce payments by about $30 million for about 40 Wisconsin hospitals in 2019. The impact could be as much as $440 million in cuts over the next 10 years. A HEAT alert has also gone out to WHA HEAT members, asking members of impacted hospitals to contact their legislators and urge them to sign onto this letter.

What is particularly concerning about the proposed rule is that it seems to fly in the face of two separate acts of Congress that previously grandfathered hospital outpatient departments and seemingly protected them from such payment cuts. The 2015 Bipartisan Budget Act and the subsequent 21st Century Cures Act instituted a new payment structure for future off campus hospital outpatient departments, but specifically grandfathered those previously in existence as well as those already in the mid-build stage. In both cases, Congress recognized that hospitals had budgeted for their future operations based on the understanding of the existing payment rules, and that changing the rules mid-game would be unfair.

In addition to this letter coming from Wisconsin's Congressional Delegation, WHA recently circulated a letter for impacted Wisconsin hospital and health system CEOs and leaders to sign onto, expressing their concerns over this proposal directly with CMS. This sign-on letter will be sent to CMS September 24, the deadline for official comments on the proposed rule. WHA will be back in Washington, D.C. for a fly-in with other hospital and health system leaders on September 25 to build more support for this issue. Anyone interested in participating in the fly-in, looking to sign onto the WHA member letter, or with general questions on this issue may contact WHA's Director of Federal and State Relations, Jon Hoelter.

WHA Comments Submitted on Physician Fee Schedule Proposed Rule

Last week, WHA submitted comments on CMS' proposed rule on the Physician Fee Schedule (PFS), Quality Payment Program, and the Medicaid Promoting Interoperability Program. The proposed rule contains many positive changes to streamline Evaluation and Management (E&M) documentation, which WHA strongly favors. However, these changes are counterbalanced by a proposal to consolidate E&M reimbursement categories, which WHA strongly opposed based on feedback from our members. The rule also modifies parts of Medicare's Quality Payment Program as well as the Medicaid Promoting Interoperability Program. While WHA welcomes many of these changes, we also commented that some of the proposals are premature. This article summarizes our comments on each of these topic areas.

- **Streamlining E&M documentation:** WHA expressed strong support for CMS' proposals to streamline E&M documentation. Reducing physician burnout is a top advocacy priority for WHA. Much of this burnout results from the heavy load of documentation within an electronic health record (EHR) that is required for reimbursement. Specific rule provisions that accomplish this goal include removing redundancy in E&M visit documentation when that information is already in the patient record; eliminating extra documentation requirements for home visits; eliminating the prohibition on billing same-day visits by practitioners of the same group and specialty; and reducing teaching physician documentation requirements for E&M services.

  WHA also told CMS that it favors a phase-in period for these documentation changes in 2019 to allow clinicians to acclimate to the changes, with full implementation in 2020 at the earliest.

- **Consolidating E&M Payment Amounts:** WHA expressed strong opposition to CMS' proposal to consolidate the current five E&M reimbursement levels into two levels. The rule would maintain E&M level 1 and consolidate levels 2 through 5 into one level. Member feedback to WHA indicated that this change will financially disadvantage physicians who see a more complex patient panel, and we indicated this in our letter.

- **Merit-Based Incentive Payment System (MIPS) changes:**
  - WHA supported the proposed inclusion in MIPS of new categories of eligible clinicians in the quality payment program for CY 2019 (occupational therapists, physical therapists, clinical social workers, and clinical psychologists). However, WHA expressed concerns about the relationship of these additional clinicians to the Promoting Interoperability (PI) performance category. WHA expressed support for adding those clinicians who provide 200 or less covered professional services per year under the PFS to the low-volume threshold.

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  - WHA opposed the following changes to MIPS: WHA opposed increasing the cost category weight from 10% to 15% and urged CMS to maintain the cost category at 10% for at least the 2021 payment year until clinicians have experience with a correct mix of cost measures. WHA also opposed adding the eight new episode measures to the MIPS cost category. WHA supports endorsement of quality measures by the National Quality Forum before their incorporation into MIPS and the proposed new cost measures have not received that vetting.

- **MIPS Promoting Interoperability Performance (PI) Category:** WHA supported several proposed changes to the PI Performance Category, including finalizing a 90-day reporting period for the MIPS PI performance category in 2020. WHA supported this proposal as providing flexibility for MIPS eligible clinicians seeking to demonstrate meaningful use of certified EHR technology. WHA also supported finalizing the proposed scoring methodology for the MIPS PI performance category, because it would align the scoring methodology for the MIPS PI performance category with the scoring methodology for the Medicare PI Program. WHA also supported removal of four measures from the PI category.

  WHA recommended against finalizing two proposed opioid related measures: "Query of PDMP" and "Verify Opioid Treatment Agreement," as they are premature and not supported by any standards or certification criteria. WHA also recommended against finalizing additional public health reporting requirement, as it creates additional reporting burdens for MIPS eligible clinicians.

- **Advanced Alternative Payment Models (APMs):** WHA supported extending the 8% revenue-based risk standard for MIPs through 2024 and supported the proposal that Qualified Payer determinations be made at the individual or Taxpayer Identification level. WHA expressed opposition, at this time, to increasing the requirement relating to the use of certified electronic health records technology (CEHRT) from 50% of eligible clinicians in each APM entity in 2018 to 75% in 2019.

- **Physician Technical Advisory Council (PTAC):** The PTAC was established under the MACRA to provide a process for stakeholders to analyze and develop new APMs for the QPP. In its comments, WHA strongly urged CMS to create improved pathways to approved Medicare Part B Advanced APMs with better coordination with the PTAC.

- **Telehealth changes:** WHA expressed support for many of the telehealth changes proposed in the rule as they would expand Medicare beneficiary access to health services. These changes include permitting payment for "virtual check-ins," remote evaluation of pre-recorded patient information, interprofessional internet consultations, and chronic care remote physiologic monitoring.

- **Hospital Conditions of Participation Revisions:** In response CMS' potential future rulemaking to revise the hospital Conditions of Participation, WHA recommended CMS not proceed with these revisions.

WHA will hold a member webinar on the rule once it is released by CMS in final form.

CMS Releases Proposed Rule Aimed at Regulatory Burden

Would revise Conditions of Participation

The Centers for Medicare & Medicaid (CMS) services released a proposed rule September 17 that CMS Administrator Seema Verma touted as a step to "ease the burden of regulation while ensuring that we maintain a focus on integrity, quality and safety."

The proposed rulemaking makes several changes to CMS Conditions of Participation and Conditions for Coverage for hospitals, ambulatory surgery centers, home health care, and other care settings. In the proposed rulemaking, CMS describes the changes as "(1) Proposals that simplify and streamline processes, (2) proposals that reduce the frequency of activities and revise timelines, and (3) proposals that are obsolete, duplicative, or that contain unnecessary requirements."

Preliminary review of the proposed rule shows several areas that could impact WHA members:

- Permit multi-hospital systems to maintain a single, integrated Quality Assessment and Performance Improvement (QAPI) and infection control programs for all of its members, rather than separate programs for each hospital.
- Provide hospitals with additional flexibility in determining whether a simplified pre-surgery assessment could be used instead of a comprehensive medical history and physician examination (H&P).
- Removing the requirement that all ambulatory surgery centers have a transfer agreement with a hospital.
- Clarifying the scope of authority for non-physician practitioners providing services in psychiatric hospitals.
- Reduction in various documentation requirements related to emergency preparedness.
- Reduce the frequency of critical access hospital, rural health clinic and federally qualified health center required self-review of their policies and procedures.

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- Remove some skilled nursing facility requirements currently applicable to facilities performing swing bed services.
- For some behavioral health settings, replacing specified time requirements for mental health assessments with a requirement for updates in accordance with patient needs and standards of practice.

WHA is reviewing the entirety of the rule and will be submitting written comments to CMS. The comment period runs through November 20. After the comment period, CMS will have an opportunity to revise the proposed rule and publish a final rule and effective date.

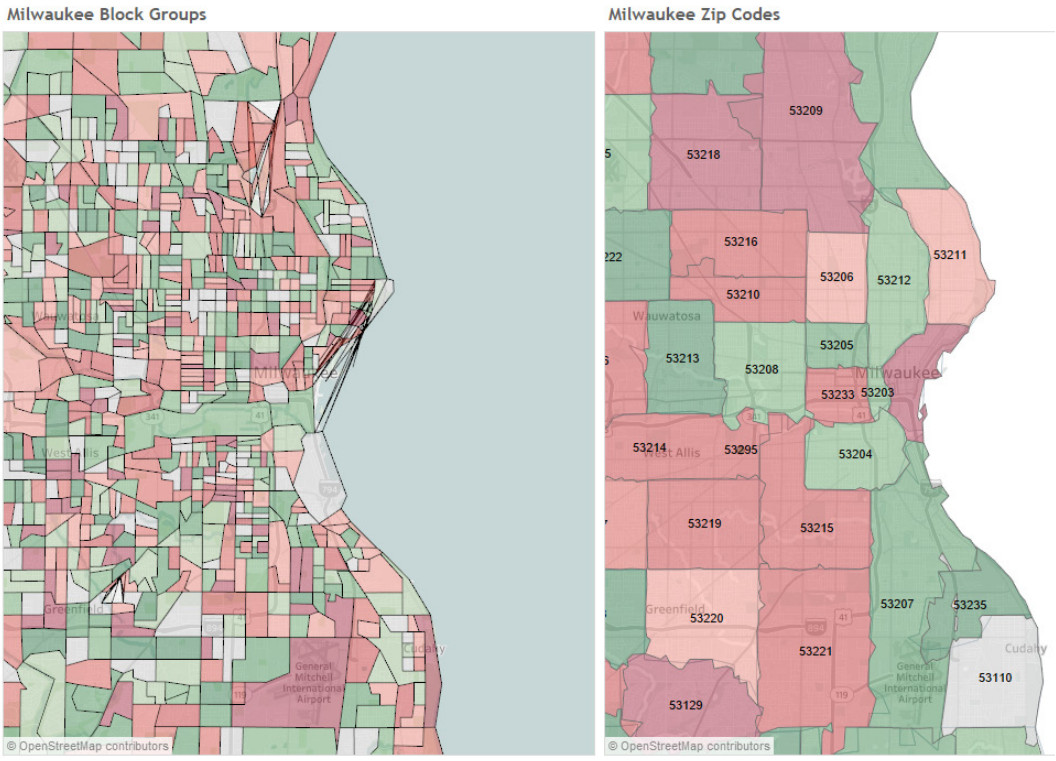
If you have any questions about the proposed rule or have recommendations for comments to include in WHA's comment letter to CMS, contact Matthew Stanford, WHA General Counsel.

WHAIC Releases First Quarter 2018 Data Submission Using New 837 Claims File Format

Health care has evolved tremendously over the past three decades; however, many sections in Chapter 153 of the statute were very outdated and had not been updated until recently. In April of 2015, Act 287—the Wisconsin Health Care Data Modernization Act was passed. The Act removed outdated provisions and included an opportunity to bring Chapter 153 into greater alignment with the national ANSI 837 standard.

The WHA Infomation Center (WHAIC) thanks you, your staff, and your vendors for your diligence and patience. WHAIC staff worked tirelessly over the past two years to assist your hospitals and vendors to make the transition to the new 837 claims file format a success.

As of first quarter 2018, WHAIC has collected all hospital and ASC data in the new ANSI 837 standard. The first quarter data sets were released to include one of the new data elements; census block detail. Census block allows a much more detailed analysis, by location. The graphic o the right is an example…this is greater Milwaukee and shows the improved level of granular analysis that can be done using census block information vs. only getting down to the zip code level.



We are in the process of reviewing additional data elements as part of the 837 claims file submission. These new data elements will continue to be reviewed until we can evaluate consistency in reporting and data trending over several quarters.

WHAIC continues to look forward to improving the data you use and have come to know as the leading source of respected data.

Registration for Annual WHAIC Discharge Data Submission Training Now Open

The WHA Information Center (WHAIC) prides itself on the thoroughness of the data it receives and what is in turn provided back to the data users. The success of WHAIC and meeting the goals of its mission statement are dependent upon you and your staff to submit high-quality discharge data that is accurate and validated.

The data WHAIC provides is only as good as the effort a facility puts into it. We provide multiple resources to guarantee good results, and as stated in DHS 120.07 Training; WHAIC conducts a series of annual training sessions throughout the state to explain policies, procedures and provide assistance in implementing the data submission requirements. Now more than ever, hospitals should take note that with the conversion to the 837-file format and as supported by the statute, "each data submitting entity shall authorize appropriate staff to attend the data submission training." WHAIC strongly encourages attendance, as in-person training is far more comprehensive then a recorded webinar. For more information about training or registration, please contact the WHAIC staff.

Locations and Dates:

Madison Location (WHA):	September 20, 2018
Madison Location (WHA):	September 21, 2018
Green Bay Location (Tundra Lodge):	September 27, 2018
Pewaukee Location (The Ingleside Hotel):	October 5, 2018

WHA Foundation's 2018 Global Vision Award Recipients Tackle Homelessness and Health Equity

On September 18, the WHA Foundation announced the recipients of the 2018 Global Vision Community Partnership Award, including the "La Crosse Collaborative to End Homelessness," nominated by Gundersen Health System in La Crosse; and the Rebalanced-Life Wellness Association and their "Barber Shop Health Advisory Committee" program, nominated by SSM Health St. Mary's Hospital in Madison.

La Crosse Collaborative to End Homelessness

The La Crosse Collaborative to End Homelessness (Collaborative) was developed to address an issue that has been growing in the city of La Crosse over the last decade. U.S. Department of Housing and Urban Development data showed that 60% of the homeless individuals in the state of Wisconsin in 2016 were located in the region of the state that includes the city of La Crosse. From 2012 to 2013, the number of homeless families in La Crosse increased 100%. And, in 2013-2014, La Crosse County had its highest number of homeless students on record. In 2016, Gundersen Health System, along with multiple public and private entities, including nonprofits, health care, criminal justice agencies, social service agencies, faith-based organizations, veteran's services and community volunteers in the La Crosse area came together under one umbrella to meet a single goal – to end homelessness in their community.

With support from Gundersen Health System's Office of Population Health, the Collaborative was developed and hired a consultant who was part of the 100,000 Homes Project in New York City to give evidence-based quality improvement processes to their efforts. The La Crosse community implemented similar innovation to change their homeless system, with their first target to end homelessness among veterans in La Crosse. In April 2017, the Collaborative received official notification from the U.S. Interagency Council on Homelessness, Department of Housing and Urban Development and Department of Veterans Affairs that La Crosse had effectively ended homelessness among veterans. La Crosse became the first city in Wisconsin and one of only 60 in the nation to reach this goal. They next focused on the chronic homeless population in summer 2017 and families experiencing homelessness in winter of 2017-2018. Goals were met for these groups as well, with an increase in housing placement of 386% for chronically homeless and 87% for families, shifting what was a crisis system to a prevention system.

Rebalanced-Life Wellness Association

For more than a decade, the non-profit Rebalanced-Life Wellness Association (RLWA) has focused on engaging the significant assets of the Black community within Dane County to improve health and wellbeing in Black men and boys. Chronic disease, specifically Type 2 diabetes and hypertension, has been a top priority on Dane County's community health needs assessment since 2012. Also, in August 2014, the Journal of Health Affairs show Wisconsin to be only state in the nation with an increase in the 20-year life expectancy gap between the black and white populations. Through support from SSM Health St. Mary's Hospital, RLWA opened the nation's first Men's Health & Education Center inside Madison's largest Black barbershop to help address these health disparities.

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The Men's Health & Education Center has been working to address upstream social determinants by hosting regular focus groups and peer education training, and providing housing assistance and employment referrals for barbershop clientele, in addition to offering health education and preventive screenings on a regular basis. Their next initiative is the implementation of the Barbershop Health Advisory Committee, bringing together all eight Black barbershops in Dane County to offer preventive screenings and education to the 6,700 Black male clientele that visit the eight Black barbershops each month. Each barbershop will have its own assigned UW medical student, responsible for coordinating basic preventive health screenings such as blood pressure screenings, flu clinics, oral health screenings, BMI assessment, and nutrition education.

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 46 innovative programs in communities throughout Wisconsin.

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Matthew Stanford, WHA and Sarah Coyne, Quarles & Brady

together with our supporting partners, the Wisconsin Medical Group Management Association, the Wisconsin Organization of Nurse Leaders, and the Rural Wisconsin Health Cooperative."

Attorneys Sarah Coyne, partner with Quarles & Brady, and Lori Wink, attorney for Hall, Render, Killian, Heath & Lyman, each discussed the complex array of regulations and payment policies that impact organizations that employ advanced practice clinicians. Coyne provided an overview of state scope of practice laws, federal hospital conditions of participation regulations, and other state and federal requirements that impact advanced practice clinicians and the organizations that employ them. Wink walked through the complex array of federal billing and reimbursement requirements that uniquely apply to advanced practice clinicians and their organizations.

Lori Wink, Hall, Render, Killian, Heath & Lyman

Both attorneys discussed the applicable collaboration and supervision requirements for nurse practitioners and physician assistants, respectively, in the Medicare conditions of payment.

Matthew Stanford, WHA General Counsel, presented WHA's APC workforce and team-based care agenda, noting the importance of APCs to Wisconsin's integrated care workforce. Stanford said that agenda includes both an education and a public policy component. The education component is aimed at helping to address misconceptions about APC practice and regulation and to help WHA members navigate APC challenges and opportunities. The public policy component seeks to increase APC workforce supply and to reduce regulatory burden that prevents APCs working in a team-based setting from practice at "top-of-license."

"WHA's 2019-2020 legislative agenda includes several public policy reforms that would remove barriers to and provide greater clarity for APC practice," said Stanford. "Working with partner organizations and prioritization of meaningful, impactful policy proposals will be important to achieve needed updates to Wisconsin's statutes impacting APC practice."

Kurt Mosley, Vice President for Merritt Hawkins & Associates, presented on current trends and best practices for recruitment, onboarding, and retention of APCs. Some of the strategies Mosley discussed included APC compensation expectations, cultural issues across generations, and provider engagement. Mosley also emphasized there is currently a high demand for APCs and how important it is for organizations recruiting APCs to have a process in place to act quickly in extending an offer following a recruitment.

Two panels built on the foundation provided by Coyne, Wink, Stanford and Mosley.

APCs from a variety of settings provided their expertise during the panel ***Education, Training, and Experience: Understanding and Growing the Advanced Practice Clinician Workforce to Meet Your Organization's Needs***. Panelists Tina DeGroot, Advanced Practice Nurse Prescriber, Edgewood College; Sheryl Krause, Clinical Nurse Specialist, Fort Healthcare; Tara Streit, Physician Assistant,

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University Hospital; and Pat Campbell, Physician Assistant, UW-La Crosse answered questions related to APC curriculum and programs in Wisconsin, hospital and clinic partnership opportunities with APC programs, and how education, training, and experience defines an APC's scope of practice.

The second panel, ***Lessons Learned in Advanced Practice Clinician Utilization to Advance Integrated Care Delivery***, included clinician leaders with experience and success in integrating APCs into their practice. Shishir Sheth, MD, Ascension Medical Group-Wisconsin; Esteban Miller, MD, Black River Memorial Hospital; Laura Hieb, Bellin Health System; and Jamie R. Silkey, PA-C, Froedtert and the Medical College of Wisconsin served on this panel.

APC Lessons Learned Panel Photo:
L to R: Matthew Stanford, WHA; Laura Hieb, Bellin Health; Jamie Silkey, Medical College of Wisconsin; Ann Zenk, WHA; Shishir Sheth, MD, Ascension; and Esteban Miller, MD, Black River Memorial Hospital

APC Education Panel:
L to R: Ann Zenk, WHA; Tina DeGroot, Edgewood College; Sheryl Krause, Fort HealthCare; Tara Streit, Wisconsin Academy of Physician Assistants; Pat Campbell, University of Wisconsin-La Crosse

During the ***Education, Training, and Experience*** panel discussion, panelists described the roles of advanced practice nurses, clinical nurse specialists and physician assistants. As one panelist noted, "Helping health care leaders better understand what our profession does will help them better utilize our unique expertise and talents." Speakers, panelists and participants agreed coming together to discuss this complex topic provided an important way to break down barriers to top of license practice for advanced practice clinicians.

Common themes of clinical rotations as a powerful recruitment and retention tool, up-front investment in onboarding, and incorporating APCs into a learning culture resonated during both panel discussions. Key factors to best support APC practice to the highest level of training were shared by panelists during ***Lessons Learned in Advanced Practice Clinician Utilization to Advance Integrated Care Delivery***. These strategies include clearly recognizing and identifying APCs as partners in care, training paced to experience and comfort level, and integrating APCs into medical staff structures and aligning incentives to promote a team-based approach.

Both panels discussed the continuum of education, onboarding, and continuous learning throughout a clinical career, noting APCs come to employment ready to practice what they've learned, but the length of orientation and onboarding, and their readiness to advance to full practice can take three months, six months, even up to a year, depending on the specialty or setting.

"WHA has made a concerted and strategic effort to broaden our public policy agenda to reach beyond the walls of the hospital, across the health care system," WHA President Eric Borgerding said. "The attendance at the conference reflected an excellent balance of providers, all interested in better understanding the complexities of the APC regulatory and payment landscape and best practices already in place in Wisconsin to continue to grow this important segment of our health care workforce, both in numbers and utility."

Attendees at WHA's Advanced Practice Clinician Conference, September 13.