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EDUCATIONAL EVENTS

April 17, 2019
Advocacy Day
Madison, WI

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Health Care Workforce Resilience
Free Member Webinar Series

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Three Reasons to Sign up for Legislative Visits at Advocacy Day

Join us at the Capitol, April 17

Advocacy Day 2019 is about three weeks away! We are on track to again welcome more than 1,000 health care advocates to Madison for a day of learning and advocacy in action. While there is no cost to attend, please be sure to [pre-register](#) so we have enough lunches!



The legislative visits at Advocacy Day are the most important part of the day. This is the *advocacy-in-action* part. Here are three reasons you should participate:

- 1. We make it easy and FUN!** We do all the scheduling and prepare the materials for you. We even hold a Pre-Advocacy Day webinar so participants know what to expect when they get to the Capitol. The webinar will be April 11 at 1:30 PM — attendees who signed up for legislative visits will receive an invite via email to participate in the Pre-Advocacy Day webinar. If you have not received an invite for the webinar, contact [Kari Hofer](#).
- 2. Strength in numbers.** Over 700 advocates march to the Capitol on WHA's Advocacy Day. Health care takes over the building that afternoon, and it's extremely powerful to be a part of it. Legislators not only hear our message, they also see the amount of people across Wisconsin who care about hospitals and hear from advocates about why accessible, high-quality health care is important back in their districts. You can make us one voice stronger.
- 3. Your legislator sees YOU.** What matters most is that your legislator sees you in their Capitol office representing your support for Wisconsin hospitals. Showing local support for health care makes the issue local for your legislator regardless of seniority or the committee they serve on. Your presence, simply showing up, speaks volumes alone.

If you've registered for Advocacy Day but did not sign up for a legislative visit, it's not too late. Just email [Laurie Fleurette](#) and she'll get you on the schedule.

WHA Expresses Concern to Federal Lawmakers Over Trump 2020 Budget Health Care Provisions

Site-neutral expansion, 340B requirements among most concerning provisions

In a [letter](#) sent to Wisconsin's Congressional Delegation last week, WHA alerted federal lawmakers to concerning health care provisions included in President Trump's proposed FY2020 budget. The budget proposes hundreds of billions in cuts to hospitals over the next 10 years in areas such as bad debt and uncompensated care payments, graduate medical education, and post-acute care. Most notable, however, is a proposed expansion of [site-neutral payment policies](#) and new requirements for [340B](#) hospitals.

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WHA Urges CMS to Immediately Suspend Hospital Star Rating Program



WHA has [written](#) to the Centers for Medicare & Medicaid Services (CMS) to request that star ratings be immediately suspended, despite Wisconsin’s average star score outshining other states. WHA wrote, “We continue to support ratings that benefit the public and are useful to hospitals in driving their quality improvement work. That level of transparency and utility is lost in star ratings.”

In 2017, CMS requested public input, but incorporated very few of the stakeholder recommendations when it refreshed the star rankings data this year. It is very difficult for hospitals to replicate or improve their scores due to the continued complexity of the star rating methodology and statistical process. Health care quality improvement is best achieved through transparent, meaningful, and actionable data.

WHA recommended that CMS immediately suspend the star ratings for hospitals until:

- CMS engages an independent auditor to verify the updates have been applied correctly;
- CMS removes the Imaging Efficiency measure group;
- The calculations to the star ratings are transparent and replicable by hospitals; and,
- The public and other stakeholders have been provided with education on the intent of the program.

We will update our members as we learn more. If you have any questions, contact WHA Chief Quality Officer [Beth Dibbert](#) at 608-274-1820.

“We continue to support ratings that benefit the public and are useful to hospitals in driving their quality improvement work. That level of transparency and utility is lost in star ratings.”

WHA-Backed Workforce Training Grant Applications Due in April DHS posts questions and answers – helpful information when applying

Hospitals, clinics and health systems interested in WHA-crafted grants to expand workforce training opportunities in rural areas and high-demand occupations had an opportunity last week to share their questions with Wisconsin’s Department of Health Services (DHS). Examples of the questions posed are included below. **Click on the links in the table on page 3 for a complete set of questions and answers.**



Can new graduate medical education (GME) program grants be used for salary costs?

- **DHS New GME Program Grant** funds may be requested for development of Rural Training Tracks (separately accredited by the American College of Graduate Medical Education) and rural tracks (an informal strategy to expand resident exposure to rural medicine). These grant funds cannot be used for resident salaries and fringes, or other ongoing, permanent operating expenses for standard GME programs, RTTs, or rural tracks.
- **DHS Residency Expansion Grant** funds support the addition of up to three new resident positions to existing accredited GME programs. Allowable costs under such grants are salary and fringes, malpractice insurance, and reasonable travel and short-term housing. Expansion grants cover the length of the residency. These grant funds may be used to support new resident positions in existing programs that develop new rural clinical tracks.

What are examples of allowable costs for planning for Advanced Practice Clinician (APC) Training Grants?

Funds may only be used for planning if the organization has not previously received an APC grant. Some examples include:

- Rural faculty recruitment, engagement and training
- New training equipment, including technology and software
- Travel for planning meetings
- Hospital placement coordinator

What are examples of a match for planning?

- Engagement and participation by rural clinical faculty in designing and establishing the new training program
- Hospital/clinic staff time spent in leading or participating in the planning process (may either be charged to the grant or considered as an in-kind contribution)
- Project manager paid for by a partner
- Consultants

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Graduate Medical Education (GME) Grants	Advanced Practice Clinician (APC) Training Grants	Allied Health Professional (AHP) Education and Training Grants
<p>Due by noon on Thursday, April 18 \$750,000 three-year grant</p> <p>This new round of funding will support several three-year grants up to \$750,000 for planning and implementing new GME programs in family medicine, general internal medicine, general surgery, pediatrics and psychiatry.</p> <p>GME Grant Overview and Q&A</p>	<p>Due by noon on Friday, April 26 Max of \$50,000 for one year</p> <p>APC grants are designed to expand clinical training opportunities for Physician Assistants and Advanced Practice Registered Nurses in rural Wisconsin to increase access to primary health care in rural areas.</p> <p>APC Grant Overview and Q&A</p>	<p>Due by noon on Friday, April 26 Max of \$125,000 per year</p> <p>AHP grants are designed to expand the availability of education and training programs for high need, high demand occupations thus quickly supplying new qualified professionals.</p> <p>AHP Grant Overview and Q&A</p>

For more information about these grant opportunities, contact WHA Vice President of Workforce and Clinical Practice [Ann Zenk](#).

Contact WHA CMO Kaufman to Participate in the WHA Physician Leaders Council

For the past five years, WHA’s Physician Leaders Council has tapped into the significant expertise and perspectives that WHA member physician leaders bring to Wisconsin’s health and hospital systems to help guide and define WHA’s proactive health care agenda. WHA’s Physician Leaders Council consists of chief medical officers, vice presidents for medical affairs, and other physician leaders at WHA’s member organizations.

“The Council provides key input and guidance on WHA strategies and tactics to help address a wide range of policy and other needs facing physicians and physician leaders in WHA’s member organizations,” said Mark Kaufman, MD, WHA Chief Medical Officer. “Getting input from a diverse range of our member physician leaders helps WHA target and tailor physician-focused advocacy and initiatives to maximize WHA’s value to our members and their physicians.”

“We thank our member physician leaders that have made the WHA Physician Leaders Council a continuing success, and we encourage other member physician leaders to join the Council in 2019,” added Kaufman. “Coming together, the Council provides an opportunity to learn from fellow physician leaders and to collectively help develop and advance WHA’s physician-focused advocacy.”

Chaired by Steve Kulick, MD, Chief Experience Officer for Marshfield Clinic Health System, the Physician Leaders Council has provided guidance and input on issues such as:

- EHR-related physician workload advocacy and education;
- WHA’s Physician Regulatory Burden Work Plan;
- Physician engagement and retention strategies;
- Graduate Medical Education (GME) to expand Wisconsin’s supply of physicians;
- WHA Physician Leadership Development Conference;
- Interstate Medical Licensure Compact to speed physician licensure;
- Maintenance of certification legislative proposals;
- Prescription Drug Monitoring Program (PDMP);
- WHA’s telemedicine agenda;
- Scope of practice and team-based care policy;
- Wisconsin’s physician health program; and,
- MACRA/QPP input and education.

In addition, the Council also receives updates from WHA’s public policy team on key Wisconsin and federal legislative issues, such as the state biennial budget, that impact WHA member organizations and their physicians.

Physician leaders interested in learning more about the WHA Physician Leaders Council should contact [Mark Kaufman, MD](#) at 608-843-6046.

The next WHA Physician Leaders Council meeting is June 10.

Grassroots Spotlight

Advocates in Milwaukee Meet with Area Legislators



WHA's Hospitals Education & Advocacy Team (HEAT) held a roundtable event on March 22 with four legislators: Senator Dale Kooyenga (R-Brookfield), Rep. Jessie Rodriguez (R-Oak Creek), Rep. Joe Sanfelippo (R-New Berlin) and staff from the office of Rep. Rob Hutton (R-Brookfield). Hospital advocates from Advocate Aurora, Ascension Wisconsin, Children's Hospital of Wisconsin, and Froedtert Health participated in the meeting.

The meeting took place at Ascension SE Wisconsin Hospital-St. Joseph Campus in Milwaukee and included a tour of the hospital's neonatal intensive care unit (NICU). In the meeting, members discussed health care items in the Governor's budget proposal, particularly focusing on Medicaid reimbursement, Medicaid Disproportionate Share Hospital (DSH) funding, as well as funding for behavioral health, dental care, and telemedicine services.

Kooyenga represents the 5th Senate District, covering Brookfield, west of Milwaukee and east of Waukesha. He serves as Vice-Chair of the Senate Committee on Health and Human Services.



WHA's HEAT Roundtable at Ascension SE Wisconsin Hospital-St. Joseph Campus in Milwaukee

Hutton represents the 13th Assembly District covering Elm Grove, and the south end of Brookfield. The Milwaukee Regional Medical Center campus, including Children's Hospital of Wisconsin and Froedtert Health, is located in both Kooyenga's and Hutton's legislative districts.

Rodriguez represents the 21st Assembly District covering Oak Creek and southern Milwaukee County. Sanfelippo represents the 15th Assembly District covering north New Berlin, west of Milwaukee and east of Waukesha, including Aurora West Allis Medical Center. Both Rodriguez and Sanfelippo serve on the Assembly Committee on Health, with Sanfelippo serving the important role of Chair.

HEAT roundtables are held around the state connecting hospital advocates with legislators in their local district. They provide the opportunity to candidly discuss the important issues impacting Wisconsin hospitals and the communities they serve. To participate in a HEAT roundtable in your area or host a meeting with legislators at your hospital, contact [Kari Hofer](#), WHA Vice President of Advocacy.



Thank you to Health Information Professionals!

In recognition of Health Information Professionals Week, the WHA Information Center thanks you for your dedication.

Accurate data ensures integrity downstream in such tools such as [PricePoint](#), [CheckPoint](#), and the State's hospital and ambulatory surgery data sets, which authorized purchasers use for business development and clinical improvement.



The proposed budget would create a new user fee for every drug purchased by 340B hospitals while requiring the Health Resources and Services Administration (HRSA) to promulgate new regulations on 340B entities. Additionally, it proposes to expand site-neutral payment policies to services delivered at both off-campus and on-campus hospital outpatient departments (HOPDs), a policy expected to reduce payments to hospitals by \$160 billion over the next 10 years. This would be on top of CMS' 2019 Outpatient Rule which applied site-neutral payments to clinic visits at off-campus HOPDs only; WHA previously estimated that policy will cost Wisconsin hospitals approximately \$425 million over the next 10 years.

While presidential budgets typically serve as political documents during divided government, they may also be used as negotiating points as Congressional packages are developed. In the letter, WHA thanked those in [Wisconsin's Congressional Delegation who expressed past concern to CMS](#) over expanding site-neutral policies, while asking them to focus instead on comprehensive payment reform that encourages the type of high-quality, high-value health care Wisconsin is known for. Additionally, instead of new regulations on 340B, WHA encouraged lawmakers to focus on the proposals in the Trump budget that would ease regulations, such as the call to eliminate the [96 hour rule](#) for Critical Access Hospitals and [Stark Law Reform](#).

For more information, contact WHA Director of Federal and State Relations [Jon Hoelter](#).