

IN THIS ISSUE

MCW New Campuses in Green Bay and Wausau Graduate 40 New Doctors .. 1

WHA Urges CMS & ONC to Advance Interoperability, Reduce EHR-Related Burden on Providers 1

U.S. Supreme Court Sides with WHA, State Hospital Association Amicus Brief 2

Worker’s Compensation Advisory Council Exchanges Proposals 3

Madison-Milwaukee Research Collaboration Featured at July 11 Wisconsin Healthcare Business Forum Event in Wauwatosa 3

WHA West Central Region Meeting Featured Rep. Gae Magnafici 3

EDUCATIONAL EVENTS

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MCW New Campuses in Green Bay and Wausau Graduate 40 New Doctors

“The opening of a medical college is a rare and wonderful event,” said Lisa Dodson, MD, Dean of the Medical College of Wisconsin’s new Central Wisconsin campus. Dodson made her remarks in addressing the college’s very first class of students at a ceremony in Wausau back on July 7, 2016. WHA recorded the excitement of the entire community in 2016 when the new students received their first white coats. As [WHA noted back then](#), the opening of the Medical College of Wisconsin (MCW) Central Wisconsin campus was the second new medical school to open in Wisconsin since 2015. The MCW-Green Bay campus opened its doors to students in July 2015, led by Dean Matthew Hunsaker.



2019 MCW-Central Wisconsin graduates

This past week, both schools held graduation ceremonies—the first for the Central Wisconsin campus and the second for MCW-Green Bay. Combined, the two new schools graduated 40 students this year, 85% of whom will be going into primary care. This is good news for the overall physician workforce. *(continued on page 4)*

WHA Urges CMS & ONC to Advance Interoperability, Reduce EHR-Related Burden on Providers

On May 29, WHA submitted comments to the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC), urging CMS and ONC to advance interoperability in a way that reduces the burden on providers of using electronic health records (EHRs).

WHA’s comments were submitted to the two agencies in response to a request for comments on two proposed rules related to health care interoperability, which refers to the capacity to send and receive a patient’s health information from multiple sources between different systems and locations.

In its letters, WHA voiced its support for interoperability as a way to improve health care coordination, safety, and quality; to empower patients; and to increase efficiency. WHA recommended that as CMS and ONC work to advance our mutual goals of *(continued on page 2)*

interoperability, they do so in a way that reduces the burden on providers of using EHRs and aligns mandated EHR use with provider workflow and patient need.

“Because regulatory burden creates additional health care costs and limits provider productivity, reducing EHR-related burden on physicians and hospitals is a priority for WHA,” the two letters say. “We believe that [CMS and ONC] should minimize EHR-related regulatory burdens and ensure that any additional EHR investments, additional time spent using EHR technology, or adjustments to workflow that are necessary to comply with regulatory requirements are outweighed by health care cost savings and improvements in patient outcomes.”

Highlights of the two WHA letters include the following recommendations to CMS and ONC:

- WHA urged CMS not to finalize its proposal to amend the hospital, psychiatric hospital, and critical access hospital Conditions of Participation to require such hospitals to send patient event notifications for admission, discharge, and transfer. The proposed mandate would create significant burden for hospitals without meaningfully improving health care quality, safety, and efficiency.
- While WHA supported CMS’ intention to promote adequate pathways for sharing administrative data by health care insurers, the proposed 2020 effective date for CMS’ proposals to require insurer data-sharing may be too aggressive to ensure payers have sufficient time to be able to share such data safely and securely.
- WHA urged ONC not to mandate that hospitals and other health care providers disclose price information and instead urged ONC to work together with insurers and providers to determine the best way to bring price information to consumers in a way that improves access to health care in a free market.

See [WHA’s comment letter to CMS](#), [WHA’s comment letter to ONC](#), and [the CMS proposed rule](#).

For more information, contact WHA Assistant General Counsel [Andrew Brenton](#) at 608-274-1820.

U.S. Supreme Court Sides with WHA, State Hospital Association Amicus Brief



On June 3, the United States Supreme Court held in a 7-1 decision that the U.S. Department of Health & Human Services (HHS) illegally changed a 2012 Medicare reimbursement formula when it failed to utilize public notice and comment procedures prior to making the change.

In December, WHA joined several other state hospital associations in submitting a joint amicus brief to the Court. The brief argued that notice and comment procedures are an essential component of administration of the Medicare program and that the change was material, substantive, and had nationwide impact.

“Without notice-and-comment, [HHS] may fail to fully understand the range of consequences that a rule change will have on hospitals,” wrote Attorney Chad Golder, Munger, Tolles & Olson LLP, in the joint hospital association brief.

Justice Gorsuch delivered the opinion of the Court and was highly critical of HHS’ decision to substantively change Medicare payment policy through its website rather than utilizing the notice and comment procedures Congress had specified.

“In 2014, the government revealed a new policy on its website that dramatically—and retroactively—reduced payments to hospitals serving low-income patients,” wrote Justice Gorsuch. “Because affected members of the public received no advance warning and no chance to comment first, and because the government has not identified a lawful excuse for neglecting its statutory notice-and-comment obligations, we agree with the court of appeals that the new policy cannot stand.”

Justice Gorsuch was also critical of the Government’s argument that notice-and-comment processes are onerous and would stymie administration of the Medicare program.

“The government warns that providing the public with notice and a chance to comment on all Medicare interpretive rules, like those in its roughly 6,000-page ‘Provider Reimbursement Manual,’ would take ‘many years’ to complete,” wrote Justice Gorsuch. “Not only has the government failed to document any draconian costs associated with notice and comment, it also has neglected to acknowledge the potential countervailing benefits. Notice and comment gives affected parties fair warning of potential changes in the law and an opportunity to be heard on those changes—and it affords the agency a chance to avoid errors and make a more informed decision.”

Contact WHA General Counsel [Matthew Stanford](#) at 608-274-1820 for more information about the decision.

Worker's Compensation Advisory Council Exchanges Proposals

On May 23, the Worker's Compensation Advisory Council (WCAC) took the first step toward the development of a worker's compensation package to send to the Legislature. Proposals were exchanged by the [labor](#) and [management](#) contingents of the WCAC. Labor also submitted a [second proposal](#) focused on opioid treatment.

WHA co-authored a [joint letter](#) from the coalition of Health Care Liaisons to the WCAC and was invited to discuss concerns with the WCAC at their May 30 meeting.

The most concerning proposal involves the worker's compensation fee dispute resolution process. The proposal not only has the potential to put downward pressure on reimbursement for worker's compensation services, but could also be a first step toward a government rate setting structure for worker's compensation. The proposed change would move from the current practice of comparing charges for worker's compensation services to a system that would compare worker's compensation services to general negotiated rates. As stated in the coalition letter, this is an unnecessary change that would set up a false and unfavorable comparison for providers. WHA has successfully defeated previous attempts to move Wisconsin's successful worker's compensation program to a fee schedule structure. While the new proposal falls short of an outright fee schedule, it is an inadvisable threat to the solid worker's compensation system in place today.

The WCAC reconvenes June 25 and has stated its intent to finalize a joint (labor and management) proposal by the end of the month. WHA will continue to monitor and report on developments.

For more information about the WCAC, contact WHA Vice President of Public Policy [Lisa Ellinger](#).

Madison-Milwaukee Research Collaboration Featured at July 11 Wisconsin Healthcare Business Forum Event in Wauwatosa

WHA members are encouraged to attend this Wisconsin Healthcare Business Forum event on July 11. The panel discussion will detail a research partnership between the Medical College of Wisconsin and the Morgridge Institute for Research. [Additional information and registration](#) are available.



WHA West Central Region Meeting Featured Rep. Gae Magnafici

Members of WHA's West Central Region welcomed Rep. Gae Magnafici to its meeting at Amery Hospital & Clinic on May 23, which was hosted by Amery Hospital CEO Deb Rudquist. Rep. Magnafici worked as a nurse in many different settings throughout her career and said these experiences motivated her to run for the state Assembly so she could make a difference on issues, including health care. Some of the health-related legislation she has worked on in her first legislative session include changing the number of training hours required to become a certified nursing assistant, eliminating the expiration date for the Interstate Medical Licensure Compact, and licensure of dental therapists. The hospital CEOs who attended were able to directly share with Rep. Magnafici some of the challenges and issues they face as rural hospital leaders.

WHA's Director of Federal and State Affairs Jon Hoelter presented information on current issues that WHA is working on with the state Legislature and U.S. Congress. Those issues include the state budget and Medicaid funding, surprise billing, site neutral payments, dental access, and the 340B program.

Following the presentation, the region members discussed recent developments with Health Professional Shortage Area (HPSA) designations. Recent re-drawing of HPSA boundaries has moved some of the region's hospitals out of HPSAs, and they are working with the Wisconsin Department of Health Services to resolve this issue. Also discussed were issues around rural health clinic reimbursement of dental care, and expansion of telehealth to provide better access to services such as behavioral health.

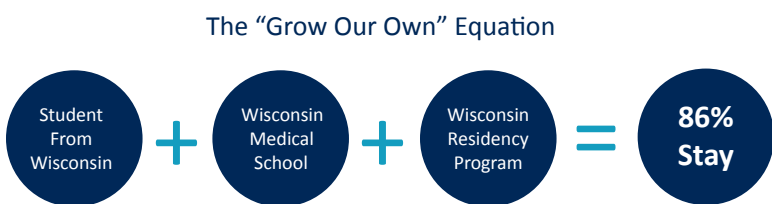
WHA regional in-person meetings provide a valuable connection point between WHA staff and their members throughout the state. For more information on the West Central Region, contact region liaison WHA Vice President for Policy Development [Laura Rose](#).

The impetus for the two new schools was largely based on the key findings of WHA’s seminal physician workforce report, [“100 Physicians a Year: An Imperative for Wisconsin.”](#) The report found that 86 percent of physicians who grew up in Wisconsin, attended medical school in Wisconsin, and completed their residency in Wisconsin, ultimately stayed in Wisconsin to practice.

The creation of the medical schools was only one part of a multi-pronged approach to meeting the future workforce needs in Wisconsin. In addition, Wisconsin has also made significant progress expanding medical school class size at the University of Wisconsin School of Medicine and Public Health (UWSPH), which has gradually increased the class size of their program, the Wisconsin Academy of Rural Medicine (WARM), since its inception in 2007. These programs are having a positive impact and provide an important component—Wisconsin students graduating from a Wisconsin Medical School—of WHA’s ‘Grow Our Own’ equation.



In addition to increasing class size, the next step to keep physicians in Wisconsin is to create residencies right here in Wisconsin. Over the past four years, WHA has worked closely with the Administration and the Wisconsin Legislature to create matching grant funding for new residency programs and to expand existing programs. Physician education is resource intensive, and while the state matching grants help defray some of the expenses, they do not cover all the costs associated with supporting a residency or a clinical rotation.



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On this part of the equation—creating residencies—we are also making strides. Of the 40 graduates this year from the new MCW campuses, 17 or 43%, will do their residency in Wisconsin, a rate that

exceeds the state’s historical trend. Further, 15 of those 17 graduates grew up in Wisconsin—again an important part of keeping physicians in Wisconsin.

However, that still means that over half of the graduates, some of whom also hail from Wisconsin, will leave for opportunities elsewhere. Good public policy like the Graduate Medical Education (GME) matching grants has created more residencies for these students, and if Wisconsin is successful in continuing to expand these programs, the number of new doctors staying in Wisconsin should continue to increase. Obtaining a residency position in the Wisconsin pipeline is a competitive process with an average of ten applicants for each open position; the demand for residency positions outweighs the supply. Examples from new GME residency programs in high-demand primary care specialties highlight the issue:

- One new matching grant-supported Family Medicine residency in the St. Croix Valley with five available positions received more than 1,000 applications;
- A new MCW Central Wisconsin Psychiatry residency program created with the help of a GME grant received more than 800 applications for three positions; and,
- The new MCW Northeast Wisconsin Psychiatry program, also supported through a GME grant, received more than 1,000 applications for four positions.

“The fact that Wisconsin has 40 new doctors graduating this year from these two campuses is a tremendous accomplishment, thanks to the partnership and hard work of many stakeholders,” said Eric Borgerding, President/CEO of WHA. “We are on the right track toward meeting our goals for increasing the number of physicians in Wisconsin. Sustaining and accelerating the progress made through programs like the WHA-created GME grants is essential to this goal, so we can continue the proud tradition and support of high-quality health care here in Wisconsin.”

Indeed, the new doctors graduating from Wisconsin medical schools this past week were inspired by their school leaders to strive for excellence in taking on the challenges of health care in their communities and beyond. “Society needs you,” Dodson told the Central Wisconsin campus graduates. “We know you’ll make us proud,” Hunsaker said, speaking to the graduates during the ceremony in Green Bay. “We hope your endurance, determination and devotion are the fuel for the fire of medicine that burns brightly here today.”

Joe Kerschner, MD, Dean of the School of Medicine and Executive Vice President for MCW, led the graduates in reciting the Physician’s Pledge, beginning with the solemn pledge to dedicate their lives to the service of humanity. Kerschner reminded

(continued on page 5)

them that the campus was created because there were underserved areas in Wisconsin, and encouraged graduates to “do what you can to bring equity in health to all those in your communities.” John Raymond, Sr., MD, President/CEO of MCW, broadened this message, telling the new doctors that their graduation ceremony “marks the beginning of your lifelong journey as healers who will elevate the health and well-being of your communities and the world around us.”