



January 9, 2020

IN THIS ISSUE

WHA Report: Health Care's Ties to Economic Vitality 1

March 18, 2020 – Advocacy Day 1

Want to Share Your Successes on Advocacy Day 2020? Sign Up to Present a Poster in the Capitol Rotunda!..... 1

President’s Column: Health Care Remains Strong but Demand and Bureaucracy Straining Workforce 2

Legislation Assisting Advance Directive Compliance Moves Forward 3

WHA Comments on CMS’ Proposed Stark Law Changes 3

Did Your Hospital Help Create WHA in 1920? 4

Physician Leadership Development Conference, Kohler, WI - Register Today! 4

Health Care Workforce Resilience Webinar Series 5

EDUCATIONAL EVENTS

January 16, 2020
Accountability Within Your Organization
 Webinar

March 13 & 14, 2020
Physician Leadership Development Conference
 Kohler, WI

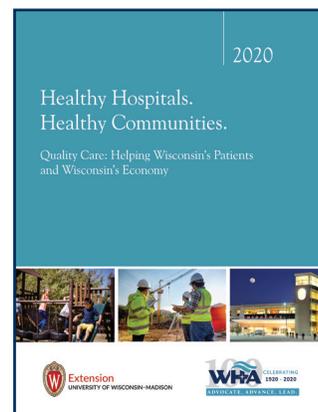
Visit www.wha.org for more educational opportunities

WHA Report: Health Care’s Ties to Economic Vitality

Already known for providing high-quality health care that helps keep a community’s population healthy, a new economic impact [report](#) WHA released Jan. 7, “Healthy Hospitals. Healthy Communities,” shows that high-quality health care also boosts a community’s economic health.

Building upon a similar report [published in 2015](#), the 2020 report looks beyond the hospital walls and examines the broader impacts of local and regional Wisconsin health systems on the state’s economy. The 2020 report was authored in partnership with the University of Wisconsin-Madison Extension’s Department of Agriculture and Applied Economics, who produced the [data analysis](#) for this year’s report.

“Hospitals and health care systems rank as one of the state’s largest employers and strongest economic drivers,” WHA President and CEO Eric Borgerding said in [this press release](#) announcing the study. “Wisconsin can retain and attract talented people to
(continued on page 5)



March 18, 2020 – Advocacy Day
 Visit our [website](#) (next week!) to register for 2020 Advocacy Day.

Want to Share Your Successes on Advocacy Day 2020? Sign Up to Present a Poster in the Capitol Rotunda!



For the first time as part of WHA’s Advocacy Day – the premier grassroots advocacy event of the year – WHA has arranged for members to have the opportunity to give poster presentations in the majestic State Capitol Rotunda. These kinds of presentations are extremely valuable as they let our elected officials, other Advocacy Day attendees from around the state, and the general public know about the great improvement projects

happening in Wisconsin’s hospitals and health systems.

This is an opportunity to share how your hospital is improving quality, patient safety, creating value and decreasing cost. While the rotunda is a large space, it is not limitless – spots are filling up – so please let us know if you’re interested in participating!

When: Advocacy Day is March 18, 2020

Where: You’re invited to participate in all Advocacy Day activities; poster presentations will be that afternoon in the Capitol.

To RSVP, contact WHA Clinical Quality Improvement Advisor [Annie Allen](#).

President's Column: Health Care Remains Strong but Demand and Bureaucracy Straining Workforce

By Eric Borgerding, President and CEO, Wisconsin Hospital Association

Like many Wisconsin industries, hospitals and health systems are critical elements of the state and local economies. According to a new UW-Madison analysis, in 2017 hospitals alone contributed \$47 billion annually to the state's economy in the wages they pay their 108,000 employees and goods and services they purchase in Wisconsin. Include clinics, nursing homes and other components of the health care system and that number jumps to \$119 billion annually and a total of over 326,000 direct jobs. In many cities and counties, hospitals and health systems are the largest employers and lifeblood of local economies.



In fact, Wisconsin health care has become an "export" industry of sorts. Nationally known for high-quality care, thousands of out-of-state patients travel to Wisconsin every year to receive our world-class care. Those patients spent \$2.3 billion in Wisconsin on hospital services alone (the equivalent of over 10% of Wisconsin exports according to 2018 data) and created or supported nearly 30,000 Wisconsin jobs.

By the numbers alone, health care is a critical industry for Wisconsin, providing great care and family-sustaining jobs for many thousands, especially in our rural areas. And unlike demand for goods or services from other industries, demand for health care services does not much fluctuate with the rise and fall of the overall economy, federal monetary policies, or other policy levers aimed at influencing the economy. In health care, demand is largely a function of predictable, yet inevitable, demographics. While health care is one of the most heavily regulated (and regulatorily burdened) industries in the economy, no rule, regulation or new law passed in Madison or Washington will slow the "silver tsunami" of patients now hitting Wisconsin health.

Last month WHA released its annual workforce report, again alerting the public and lawmakers to the, frankly, alarming demographic-driven challenges facing Wisconsin health care. Consider just these two end-to-end stats:

- The Wisconsin population over age 75 will increase by 75% from 2017-2032, increasing the number of patients requiring intensive health care.
- Over the same period, the population under 18 (the doctors, nurses, and caregivers we will need in the future) will grow by only 3.5%.

Increasing demand for care coupled with shortages in key health professions and an overall aging health care workforce mean action is needed now for the future. And while we are working hard to expand the education and training pipeline of future caregivers, Wisconsin will not be able to grow its way out of this workforce problem. We—health care leaders and our elected officials—must be much smarter about how we deploy our current and future workforce and how we leverage technology to extend that workforce.

In the past few months, WHA has advanced legislation expanding use of telehealth, expediting physician licensure, and extending the use of advanced practice clinicians—all intended to better leverage the existing health care workforce. Yet, many caregivers remain burdened with, and burned out by, regulatory red tape. When the average-sized hospital today uses 59 FTEs satisfying regulations and government mandates and physicians and clinicians now devote more time entering data than seeing patients, it's clear much of health care's workforce problems are government-created and must be government-solved.

This column was originally included in the Wisconsin Bankers Association's annual Wisconsin Economic Report, featuring columns from state industry leaders. You can access the entire report [here](#).

Legislation Assisting Advance Directive Compliance Moves Forward

The Senate Health and Human Services Committee Jan. 8 recommended passage of [Senate Bill 254](#), legislation addressing a regulatory bottleneck in Wisconsin's health care workforce that results in unnecessary delays in acting upon a patient's advance directive wishes for treatment. The bill helps address these delays by recognizing the education and training of nurse practitioners and physician assistants to make the medical diagnoses necessary to activate the patient's written medical wishes. Under the bill a physician must still confirm the diagnosis.

The legislation still needs approval from the full State Senate but has already been approved by the State Assembly through a unanimous, bipartisan vote. The full Senate is expected to meet at least two more times before the legislative session ends later in 2020.

WHA Comments on CMS' Proposed Stark Law Changes

WHA submitted comments to the Centers for Medicare & Medicaid Services (CMS) Dec. 30 supporting proposed changes to the physician self-referral, or Stark Law. WHA praised CMS for proposing potential ways to encourage more value-based payments, while also encouraging CMS to support more general reforms that reduce the overall burden of the Stark Law.



WHA [commented](#) in 2018 on a request for information from CMS about how it could help relieve unnecessary burdens on providers under the Stark Law. WHA recommended changes in four key areas:

1. Clarifying confusing definitions.
2. Providing clearer exceptions from the law.
3. Prioritizing intentional, rather than unintentional violations.
4. Harmonizing the Stark Law with the Anti-kickback Statute (AKS).

WHA praised CMS for making an effort to provide relief in three out of those four areas: clarifying confusing definitions, providing clearer exceptions, and syncing Stark Law with the AKS. While recognizing that CMS may be limited by statutory constraints on the issue of unintentional violations, WHA encouraged CMS to still do what may be in their power to make the Stark Law less heavy-handed or imposing regarding unintentional violations.

Perhaps most notable in the proposed rule from CMS is a new framework that would allow providers to obtain exceptions from the Stark Law if they agree to either take on some level of financial risk or participate in a value-based enterprise. For proposed exceptions which require providers to take on some level of financial risk, WHA recommended CMS lower the risk threshold from 25% to 10%, noting that its Public Policy Council members discussed concerns that few providers would be willing to take on such substantial risk if they are not currently doing so. For the same reason, WHA also strongly encouraged CMS to ensure the proposed value-based exceptions – which do not require providers to take on financial risk – remain a viable option in the final rule. These types of arrangements are the ones hospitals and health systems are most likely to utilize when looking to explore new value-based payment models. WHA also noted that Wisconsin is recognized as a state with some of the highest quality health care in the country, and that these types of exceptions have the most potential to help move more Medicare services away from a fee-for-service model to one that rewards and incentivizes high-value, high-quality health care.

See WHA's [comment letter](#) or contact WHA Director of Federal & State Relations [Jon Hoelter](#) for more information.

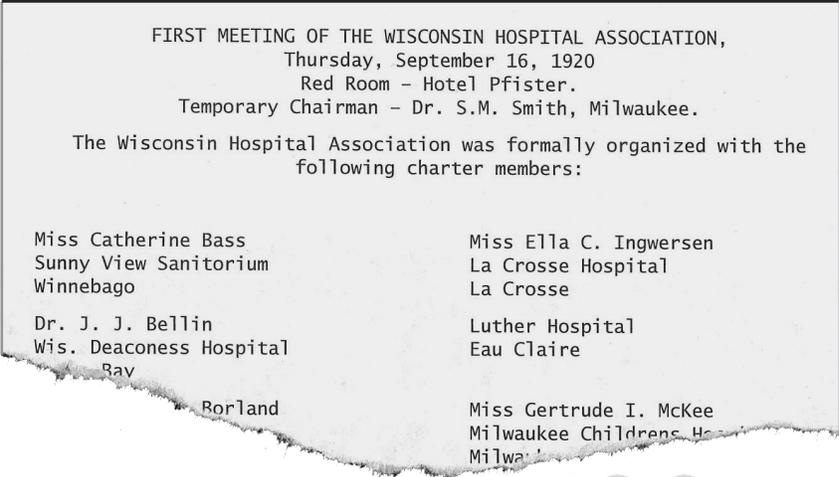
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Did Your Hospital Help Create WHA in 1920?

As highlighted in last week's *Valued Voice*, WHA was formed in a September 1920 meeting in the Red Room of the Hotel Pfister, with temporary chairman Dr. S.M. Smith from Hanover Hospital in Milwaukee presiding. There were 28 men and women representing all areas of the state, eager to start an organization that could advocate for hospitals, health care and the patients they serve.

Was your hospital there at the Pfister? Click [here](#) to see the Charter Members of the Association.

Click [here](#) to see the list of hospitals that are still part of WHA, 100 years later!



Physician Leadership Development Conference, Kohler, WI - Register Today!

WHA is once again proud to be offering the Physician Leadership Development Conference in Kohler, WI on March 13 & 14, 2020. Check out this outstanding line-up:

- Dr. David Nash headlines Friday morning. Dr. Nash is an amazing speaker, and to some, the leading expert on the role of physician leaders in providing value-based care.
- Dr. Scott Rathgaber, Gunderson Health System CEO, will discuss his physician leadership journey from clinician to the CEO suite.
- Dr. Jay Bhatt, AHA CMO, and Elisa Arespacochaga, vice president of the AHA's Physician Alliance, will lead a session on physician burnout titled "Regular or Extra Crispy? Lessons from the Field in Addressing Burnout."
- Bill Benjamin, a scientist at the Institute for Health and Human Potential, will discuss emotional intelligence.
- Marty Martin, Director of DePaul University's Health Sector Management MBA Program, will discuss physician performance management.
- Eric Borgerding, WHA President & CEO, will give an advocacy update focused on key issues impacting care delivery on Friday over the lunch hour.



In response to attendee feedback, we have added additional speakers on Friday. Saturday morning will feature two educational tracks – one for developing physician leaders and another for senior physician leaders.

Please take a few moments to review the [conference brochure](#).

[Register](#) and secure your hotel room today!

(WHA Report Shows Health Care's Ties to Economic Vitality . . . Continued from page 1)

our state because the health care sector provides family-supporting jobs across a wide spectrum of education and skills – from high school to an advanced degree.”

Some of the study's findings include:

- The health care sector directly employs more than 327,000 people in the state. And when considering the “ripple effect” of other economic sectors interacting with health care, the overall number of jobs attributed to the health care sector is approximately 571,900 jobs – more than 15% of all Wisconsin employment.
- Patients from other states seeking Wisconsin's high-quality care spent \$2.3 billion on hospital services in 2017. For every \$1 million in spending from out-of-state patients, 13 new jobs (total impact) are created.
- The health care sector pays more than \$3 billion in taxes to state and local governments, helping to support our schools and vital government programs.

WHA has provided a [tool on its website](#) to help its members share local economic impacts. For more information contact WHA Senior Vice President, Finance and Chief Operating Officer [Brian Potter](#) or Vice President, Communications [Mark Grapentine](#).

Health Care Workforce Resilience Webinar Series

New in 2020 – Year 2 Content

Offered again – Year 1 Content

A multi-state experience that is provided to you, free of charge, jointly by the Wisconsin Hospital Association and Duke Health

Boost Your Resilience!

Health Care Workforce Resilience, a webinar series developed and led by renowned health care workforce resilience expert J. Bryan Sexton, PhD, offers a dose of resilience in the form of continuing education that is engaging, evidence-based and relevant to all members of the health care team.

In this webinar series, we have combined the science of enhancing workforce resilience with practical tools and strategies for building and maintaining a resilient workforce. Each webinar covers a unique resilience topic, as well as a tool and additional resources for practical use in the lives of busy health care professionals. The webinars are intended for clinicians of all specialties, nurses, physicians, caregivers in formal or informal leadership roles, counselors, social workers and any other health care professionals. CME credit is approved and provided for nursing (ANCC) and physician (ACCME) credit.

The webinars are scalable, by design, whether you have four, 40 or 400 people listening, in one room or spread out geographically. And, each webinar will be recorded and available within 48 hours of the live session for participants to access and share at a staff meeting or other gathering at a later date. The Q&A portion of the webinars is particularly popular and usually consists of two phases, the first being formal Q&A, and the second more informal, where presenters stay on the line for an additional 30-45 minutes as a resource for anyone else who would like to ask questions, make comments, or seek additional information.

Q. I participated in Year 1 in 2019. Are the topics in Year 2 different from Year 1?

A. Yes! Year 2 is a completely different package of topics centered around resilience, which will enhance the knowledge that you gained in 2019.

Q. I did not participate in Year 1. Do I have to participate in Year 1 before participating in Year 2?

A. No! You do not need to listen to Year 1 before listening to Year 2. We encourage you to participate in both sets of webinars for an entire resilience experience.

Click on the [Calendar of Events](#) for the February - December 2020 list of both Year 1 and Year 2 titles. Click on any title to register for the complete series of Year 1 and/or Year 2.

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