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Coronavirus Preparations Continue; Latest DHS Briefing

As WHA continues to assist member hospitals, health systems and government agencies in preparing for any further coronavirus (COVID-19) developments, the state's Department of Health Services (DHS) held a briefing on COVID-19 in the State Capitol March 4 for legislators and staff. DHS Secretary Andrea Palm told dozens of policymakers in the audience that the briefing was a chance to "level-set" a baseline understanding of the latest information about the virus and the state's preparations thus far.



"I want to reiterate that the risk to the general public remains low at this time," Palm said. "As the situation evolves, our guidance will evolve as well." You can see the entire briefing via the [WisconsinEye Network](#); WHA is a major sponsor of WisconsinEye.

WHA President and CEO Eric Borgerding promoted the briefing in a [March 3 message](#) to the state Legislature. That message also provided the latest information on the virus, links to helpful government resources and information about WHA's widespread collaboration to help with preparations.

"We are also working to ensure open communication channels with local, state, and federal public health and emergency preparedness agencies," Borgerding said, also *(continued on page 8)*

WHA Touts CMS' Latest Quality Results for WI

Recently released data from the federal Centers for Medicare & Medicaid Services (CMS) show that once again Wisconsin hospitals and health systems are outperforming most of the country in several quality of care metrics. WHA shared the positive results of the latest CMS Hospital Compare data with a [memo to the state Legislature](#) and a statewide [press release](#).

The refreshed CMS data include results for the agency's Valued-Based Purchasing program, patient-reported satisfaction scores, hospital readmissions penalties and overall Medicare spending per beneficiary. In just one example of data success, Wisconsin's hospitals and health systems lead the nation in patient satisfaction with information provided at discharge and are sixth overall in CMS' Value-Based Purchasing Program.

"Not only does this mean that patients are receiving higher quality care in Wisconsin," WHA's President and CEO Eric Borgerding and Chief Quality Officer Beth Dibbert said in the memo, "it means that care is being delivered more cost-effectively.

"This quality work is made possible by a public policy environment that supports our health care workforce, rather than imposing distracting or confusing regulatory burden on our frontline providers."

Contact [Beth Dibbert](#) for more information.

US Supreme Court Will Hear New Challenge to ACA



The U.S. Supreme Court announced this week that it will review a December 2019 federal appeals court decision that held the Affordable Care Act's (ACA's) individual mandate unconstitutional but did not decide whether the rest of the ACA can stand when the mandate is unconstitutional.

The Supreme Court review will occur during its next annual term which begins in October 2020 and ends in September 2021.

The case stems from a challenge to the ACA filed in February 2018 in Texas that argues the ACA's individual mandate is no longer constitutional under Congress' taxing authority following a 2017 tax reform bill that reduced the

individual mandate penalty to \$0. Plaintiffs further argue that under a "severability" analysis, the entirety of the ACA is also unconstitutional because the alleged unconstitutional individual mandate is core to the entirety of the ACA.

The 5th Circuit Court of Appeals in December 2019 agreed with the U.S. District Court judge in Texas that the individual mandate is now unconstitutional but overturned the judge's ruling that the entirety of the ACA is unconstitutional.

Nearly 200,000 Wisconsinites enrolled in ACA plans through Wisconsin's health insurance exchange for the 2020 benefit year. According to the state's Office of the Commissioner of Insurance, exchange marketplace enrollees in 61 of Wisconsin's 72 counties have three or more insurers from which to choose – a large gain from the 46 counties offering that level of choice for 2019.

WHA and US Chamber of Commerce Aligned in Opposing CMS Rule Mandating Hospital Disclosure of Privately Negotiated Payments

WHA joined 37 state hospital associations in filing an [amicus brief](#) Feb. 28 in a federal lawsuit brought by the [American Hospital Association](#) challenging a 2019 Centers for Medicare & Medicaid Services final rule mandating that hospitals disclose their privately negotiated rates with commercial health insurers.

Both the state association amicus brief and AHA's briefs to the U.S. District Court for the District of Columbia conclude that the rule exceeds CMS' rulemaking authority, is excessively burdensome, and will not achieve the stated purpose of the rule.

In January, Wisconsin's own chamber of commerce, WMC, criticized hospitals and health care providers for "pushing back strongly – including taking legal action – to stop (the transparency rule)." However, the U.S. Chamber of Commerce is joining hospitals in the very legal action WMC chastised hospitals for taking. In its own [amicus brief](#), the U.S. Chamber strongly supported hospitals' argument that the rule exceeded CMS' rulemaking authority and would not lower health care costs.

"The rule imposes onerous obligations to calculate and to disclose negotiated rates for each of a hospital's tens of thousands of medical items and services, across each of the dozens, hundreds, or even thousands of plans with which it may contract, calculated in five different ways and then displayed for the public under two different formats," wrote the U.S. Chamber of Commerce.

"The rule imposes these burdens for no useful reason; the disclosures will neither provide patients with any useful information nor serve CMS' purpose of lowering health care costs," stated the U.S. Chamber of Commerce in its brief to the court. "Rather than imposing these burdens on hospitals, CMS would have better served its interests if it had instead promoted private-sector solutions for the price transparency issue."

The message of WHA and the 37 state associations' amicus brief similarly said that far less burdensome options – such as information from WHA's [PricePoint](#) and patients' insurance plans – are available to provide useful pricing information to consumers, including information about their expected out-of-pocket costs.

"[We] support useful transparency in health care pricing," the state association brief stated to the federal court. "But transparency can be accomplished through far less burdensome initiatives that are more meaningful to the consumer. Hospital financial navigators, online tools from hospitals and insurers, and other resources would provide consumers the information they actually are looking for: their expected out-of-pocket cost of care for a treatment or procedure. For all the information that the Final Rule requires to be disclosed, it ignores the one thing patients actually want. In that respect, it is as unhelpful as it is unlawful."

(continued on page 3)

The U.S. Chamber of Commerce not only echoed that the challenged mandate fails to be helpful to consumers, but that it would actually mislead consumers.

“The Chamber and its members have an interest in ensuring that agencies adhere to the limits of their statutory authority, and that agencies do not violate First Amendment principles by compelling speech that would only serve to confuse the public,” wrote the Chamber in its amicus brief. “At best, disclosure of negotiated rates will lead to confusion over a patient’s financial obligation for services. At worst, the disclosure of negotiated reimbursement rates may in fact deter patients from obtaining medical care that they need, if individuals fail to recognize that their own financial exposure is much lower than the negotiated reimbursement rate that the insurer pays the hospital.”

Instead, the U.S. Chamber of Commerce promoted “insurer cost tools that can (unlike CMS’ rule) provide real-time, personalized estimates for patients’ out-of-pocket expenses for the most common medical services,” noting that such private-sector efforts “actually will be of use to the public.”

Insurers also staunchly opposed mandating disclosure of negotiated terms in comments in January on a similar proposed rule that would mandate that health plans disclose their negotiated rates. America’s health insurance plans (AHIP), a trade association of health insurance companies, said that CMS lacks authority to implement such a mandate and that it would increase costs.

“The proposed rule is contrary to statute, effects a taking of health insurance providers’ trade secrets, unconstitutionally compels speech, and is arbitrary and capricious. That is why AHIP strongly urges the departments to withdraw the proposal to implement new machine-readable files,” said AHIP in its comments on the proposed rule.

Register Now for Advocacy Day 2020, March 18!



Morning Keynote Speaker
Frank Sesno

Legislative Leadership Panel

Senate Majority Leader Scott Fitzgerald (R-Juneau)	Senate Minority Leader Jennifer Shilling (D-La Crosse)	Assembly Speaker Robin Vos (R-Rochester)	Assembly Minority Leader Gordon Hintz (D-Oshkosh)

Luncheon Speaker
Attorney General Josh Kaul



WHA Continues to Build Support for Correct Surprise Billing Solution

WHA is continuing to build support for Congress acting on a surprise billing solution that protects patients while preserving free-market negotiations between health care providers and insurers.

On Feb. 26, WHA and the Rural Wisconsin Health Cooperative sent a [joint letter](#) to Wisconsin's House delegation urging them to cosponsor [H.R. 5826](#), the Consumer Protections Against Surprise Medical Bills Act of 2020. WHA has also activated its [HEAT](#) network so lawmakers hear from hospital leaders and grassroots supporters.

As noted in a [recent article in *The Valued Voice*](#), WHA has supported H.R. 5826 because it is the only proposal moving in Congress that both protects patients and keeps providers and insurers on an even playing field. Other proposals put forward by Congress rely on government-set benchmark rates that would have unintended consequences for patients and the hospitals who care for them. The current House committees that have put forward differing surprise billing proposals have begun to negotiate a final package that could come to the House floor in late spring. WHA will continue to monitor and advocate for Congress to select the right solution.

Contact WHA Director of Federal & State Relations [Jon Hoelster](#) with questions.

WHA-Crafted Training Grant Applications Released

'Grow Your Own' Physicians, Advanced Practice Clinicians and Allied Health Professionals

For hospitals and health systems seeking to expand training opportunities in rural areas and high-demand occupations the time to apply for WHA-created grants is now. The Wisconsin Department of Health Services (DHS) is accepting applications for Graduate Medical Education (GME), Advanced Practice Clinician (APC) and Allied Health Professional training grants.

GME grants, based on WHA's 86% equation, are used to create new programs or expand existing programs. These grants were implemented by DHS in 2013 and were so successful that in 2017 grant programs modelled after the GME grants were created for APC and allied health professionals.



To date, these [matching grants](#) have resulted in 151 more GME residency positions, nine new GME programs, nine expanded GME programs, 12 new APC training opportunities and eight new training programs for allied health professionals.

GME Training Grants – now open to any physician specialty

DHS is now accepting applications for the New GME Program Grant. The Grant provides up to \$750,000 over three years for hospitals and sponsoring institutions to develop a new GME Program, establish a fellowship, or create a rural alternative track in ***any physician specialty*** that is documented as a need in rural areas.

Grant applications can be accessed [here](#). Completed applications are due by noon on April 30, 2020. A Question & Answer conference call is scheduled for March 24 at 10 a.m.

Allied Health Professional and APC Training Grant Applications due May 1

Completed applications for allied health and APC training grants are due by 12 noon on May 1, 2020. Applications for allied health grants can be accessed [here](#). Applications for APC grants can be accessed [here](#).

APC grants are designed to expand clinical training opportunities for Physician Assistants and Advanced Practice Registered Nurses in Wisconsin in order to increase access to health care in rural areas. The APC grant period is one year. The maximum amount per successful application is \$50,000.

Potential applicants are encouraged to submit questions to DHS about application requirements; please direct questions to [Donna Wong](#) before noon on March 13, 2020. All questions and responses will be posted to the DHS website by March 20, 2020.

Allied health professional grants are intended to expand education and training opportunities for individuals in high need, high demand allied health occupations in order to support rural hospitals and clinics to meet the need for qualified professionals. The maximum amount per successful application is \$125,000 per year. The length of the grant will depend on the length of required training for the targeted occupation(s).

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(WHA-Crafted Training Grant Applications Released . . . Continued from page 4)

Potential applicants are encouraged to submit questions to DHS about requirements; please direct questions to [Susan Cochran](#) before noon on March 13, 2020. All questions and responses will be posted to the DHS website by March 20, 2020.

After the Question and Answer calls, DHS cannot accept or answer questions.

The time is now to access these state resources made available by WHA-backed legislation, effectively implemented by DHS and successfully utilized by hospitals and health systems across the state. WHA Vice President, Workforce and Clinical Practice [Ann Zenk](#) is available to answer questions and support your application process.

WHA Quality Center Has a New Look!

WHA is excited to announce that the WHA Quality Center has moved! Beginning March 5, the Quality Center's treasure trove of news and resources will be under the "Quality & Patient Safety" button on the WHA home page. The new site is easier to navigate and does not require a login and password to access information.

"We are thrilled with the look and feel of the new Quality & Patient Safety site," said WHA Chief Quality Officer Beth Dibbert. "It's all about accessing the shared resources that hospital quality teams can use to accelerate patient safety."

The new website address is: <https://www.wha.org/Quality-Patient-Safety>

WHA's Redwood Shares Physician Improvement Experiences at CMS Quality Conference



Bobby Redwood, MD presenting at the CMS Quality Conference, Feb. 27

On Feb. 27, WHA's Physician Improvement Advisor Dr. Bobby Redwood presented to a packed room of physician, nurse, and quality improvement leaders at the national Centers for Medicare & Medicaid Services (CMS) 2020 Quality Conference in Baltimore. His presentation, "Activate Your Greatest Allies: Engaging Physicians in Quality Improvement Work," showcased the WHA quality team's statewide improvement efforts in sepsis and antimicrobial stewardship. CMS directors Paul McGann, M.D. and Jade Perdue, M.P.A. were both in attendance. They offered high praise for the WHA Quality Center's work in physician engagement and invited Dr. Redwood back to speak next year.

In addition to the opportunity to showcase WHA's statewide quality improvement initiatives, the conference's Opioid Epidemic

Master Class provided necessary education and networking to support the WHA Quality Center's 2020 opioid stewardship initiatives. These initiatives include promoting alternatives to opioids for acute and chronic pain, reducing opioid adverse drug events in long-term care facilities, increasing awareness and availability of naloxone rescue therapy, and initiating medication-assisted treatment for opioid use disorder in primary care clinics and emergency departments.



Shelly Coyle, Nurse Consultant, Division of Quality Improvement Innovation Models Testing, CMS; Paul McGann, MD, Chief Medical Officer for Quality Improvement, CMS; Bobby Redwood, MD, Physician Improvement Advisor, Wisconsin Hospital Association; Jade Perdue, MPA, Director for Division of Quality Improvement Innovation Models Testing, CMS

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 lineup:

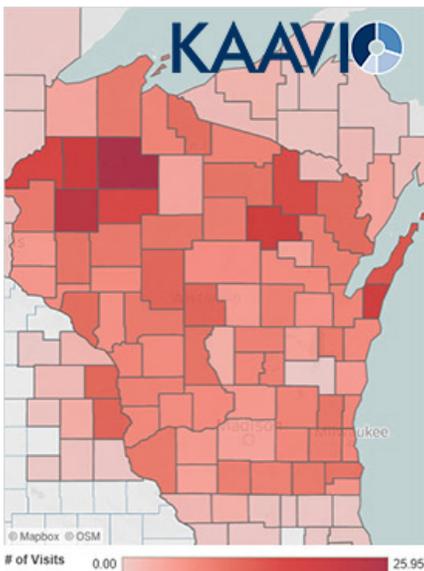


- Dr. David Nash headlines Friday morning. Dr. Nash is an amazing speaker, and to some, the leading expert on the role of physician leaders in providing value-based care.
- Dr. Scott Rathgaber, Gundersen Health System CEO, will discuss his physician leadership journey from clinician to the CEO suite.
- Dr. Jay Bhatt, AHA CMO, and Elisa Arespachoga, 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 during Friday's lunch focused on key issues impacting care delivery.

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](#). Registration must be in by Monday, March 9. To register, please send the following information to education@wha.org: name, title, hospital name, hospital address, email address, phone number, track you want to participate in (either the Developing Leader Track or Senior Physician Leader Track), if you will be attending the Design Center dinner on the night of March 13 and if you have any special dietary needs. An invoice will be sent to your attention for payment.

March is Colon Cancer Awareness Month



In March, cancer groups, hospitals and communities focus attention on preventing, treating and curing colorectal cancer. From October 2018 to September 2019, Wisconsin had 3,246 inpatient admissions for cancer of the colon or rectum and 40,161 outpatient visits.



Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the U.S. The American Cancer Society's estimates for the number of colorectal cancer cases in the U.S. for 2020 are:

- 104,610 new case of colon cancer
- 43,340 new cases of rectal cancer
- 53,200 deaths to colorectal cancer

When colorectal cancer is found at an early stage before it has spread, the five-year relative survival rate is about 90%. But only about four out of 10 colorectal cancers are found at this early stage. When cancer has spread outside the colon or rectum, survival rates are lower.

Unfortunately, about one in three people in the U.S. who should get tested for colorectal cancer have never been screened. This may be because they don't know that regular testing could save their lives from this disease, or due to things like cost and health insurance coverage issues.

The heat map shows where the visits are coming from (using rate per 1,000).

Day at the Capitol/Advocacy Day



Since 1975, WHA has held an event in Madison for its members to learn about issues and then visit legislators to advocate for hospitals. It was originally called “Day at the Capitol.” Today it is called “Advocacy Day.”

In 1975, approximately 200 members attended the event. The 10 women in the Wisconsin Legislature were special guests at the 12:30 p.m. luncheon. They were: Senator Kathryn Morrison and Representatives Sheehan Donoghue, Joanne Duren, Patricia Goodrich, Esther Doughty Luckhardt, Sharon Metz, Marjorie Miller, Mary Lou Munts, Susan Shannon Engeleiter, and Louise Tesmer. Issues discussed that day were malpractice and professional liability insurance problems faced by hospitals, the state’s proposed program of rate review, certificate of need and hospital service licensure.



Legislators were urged to support SB 299 creating a patient’s compensation act and establishing a malpractice claims board. WHA also urged the insurance commissioner to include hospitals in the definition of those eligible for the Wisconsin Health Care Liability insurance plan legislation to transfer all rate review functions to the Division of Health Policy and Planning. This bill, hospitals contended, did not recognize the WHA-Blue Cross Voluntary rate review program that had been operating since 1972 and had saved more than \$8 million in rate increases.

In 1976, there were 250 attendees and in 1977 more than 400 people crowded into Madison’s Concourse Hotel, representing 86 hospitals including 106 administrators and assistants, 26 trustees, 75 auxiliaries, and 60 department heads and other staff members. In the early years of the event, legislators were invited to have lunch with their constituents. In 1977, hospital representatives were joined by 114 legislators for lunch.

In 1983, each hospital delegation was limited to six persons only, with the CEO being the point person for coordinating the delegation of hospital and auxiliary members. The legislators were assigned a table for lunch with their delegation. When the Monona Terrace opened in 1997, all bets were off and members started arriving by the busload from Chippewa Falls, Green Bay, Milwaukee and all points of the state.

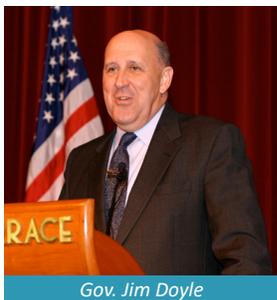
Wisconsin governors have been invited to speak – either as keynote or at the luncheon. In addition, legislators have been prominent on the agenda. Over the last 17 years, a sitting governor has been the luncheon speaker at 14 Advocacy Days: Gov. Doyle from 2003-2006 and again from 2008-2010 (AG J.B. Van Hollen attended in 2007); Gov. Walker from 2011-2012 and again from 2014-2017 (Rep. Paul Ryan attended in 2013 and Lieutenant Gov. Rebecca Kleefisch in 2017) and Gov. Evers in 2019. In 2019, Gov. Tommy Thompson presented as keynote speaker.



Advocacy Day crowd, 2019



Advocacy Day crowd, 1994



Gov. Jim Doyle



Gov. Scott Walker



Gov. Tony Evers



Gov. Tommy Thompson (left)

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(CELEBRATING 100 YEARS: Day at the Capitol/Advocacy Day . . . continued from page 7)

Registration fees for the event have ranged from \$10 to \$40; currently there is no registration fee to attend – Advocacy Day is a real bargain!

Attendees were originally asked to make their own appointments with legislators for the afternoon. Now WHA coordinates all the visits for members – another reason to attend in 2020.

In 2017, 2018 and 2019 attendance was around 1,000. The number of legislative visits scheduled has been impressive as well, with around 500 visits each of the last three years.

Join us in 2020. [Register here.](#)

(Coronavirus Preparations Continue; Latest DHS Briefing . . . continued from page 1)



noting WHA’s collaboration with other organizations such as the American Hospital Association, Rural Wisconsin Health Cooperative and the Wisconsin Medical Society. “WHA has assisted in this capacity with previous response efforts related to Ebola, H1N1, SARS and others, and routinely assists with seasonal influenza response efforts,” Borgerding said.

The multifaceted collaboration among WHA, other health care entities and public policymakers bolsters a recent Trust for America’s Health [study](#) finding that Wisconsin is one of the states most prepared for health emergencies, and thus is a state best capable to respond to any COVID-19 escalation. The study places Wisconsin in the highest of three tiers based on factors including ranking of hospitals, public health funding and the number of health workers.

Contact WHA Vice President for Clinical Practice and Workforce [Ann Zenk, R.N.](#) or Chief Medical Officer [Mark Kaufman, M.D.](#) with questions.

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