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## Physician Edition

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### EDUCATIONAL EVENTS

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

**March 18, 2020**  
*Advocacy Day*  
Madison, WI

### WHA Rural Physician Leaders Roundtable Holds Inaugural Meeting

**31 members participate Feb. 19; discuss health care challenges facing rural communities and physicians who practice in rural settings**

The WHA Rural Physician Leaders Roundtable held its first meeting Feb. 19. The roundtable purpose is to provide a forum for physician leaders in rural communities to connect, discuss common challenges, learn from each other, help one another become more effective physician leaders and to promote the vitality of rural health. The Rural Wisconsin Health Cooperative is a key collaborator in this new endeavor.

The formation of this roundtable is an outgrowth of an effort in the first half of 2019 to better understand how WHA can increase value in the physician space to WHA member organizations. Dr. Mark Kaufman, who was then new in his WHA chief medical officer role, had over 35 conversations/meetings with WHA Physician Leaders Council members, CEOs from WHA member organizations and other health care leaders across Wisconsin. A recurrent theme from physician leaders in rural communities was a feeling of relative isolation from their peers and a desire to connect with colleagues facing similar challenges.

Roundtable members hail from diverse rural communities across Wisconsin. The most common roundtable member leadership roles are medical director and chief medical officer but also include chief of staff, VP of medical affairs and site leader. Based on a pre-meeting survey, the top four rural physician leader responsibilities include clinical quality, medical staff leadership, provider engagement and physician recruitment/retention.

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### WHA Continues to Ready for COVID-19 Possibilities

WHA has been monitoring the evolving situation with coronavirus (COVID-19). The Feb. 29, 2020 [CDC update](#) noted that although the risk to the U.S. population is still currently assessed as low (the Wisconsin Department of Health Services notes the same for Wisconsin citizens), CDC's update also said "it's important to note that current global circumstances suggest it is likely that this virus will cause a pandemic."

People Under Investigation (PUI) in Wisconsin

Test Results	Number of People
Positive	1
Negative	18
Pending	2
Total	21

*Source: DHS, as of March 2, 2020*

At the state level, Wisconsin's DHS aired a special webinar Feb. 28 on the latest information on COVID-19. A recording of the webinar is available at <https://livestream.com/accounts/14059632/events/9016549>.

DHS has also asked WHA for assistance in publicizing an

upcoming launch of a special email subscription service that clinicians can join to receive the latest COVID-19 information. Stay tuned to future WHA communications for details on how to sign up once that service is launched.

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## **(WHA Continues to Ready for COVID-19 Possibilities . . . continued from page 1)**

This new CDC assessment has brought a heightened awareness not just to prevention efforts, like obtaining a timely and accurate travel and exposure history, but a new and intense focus on preparedness. WHA remains in contact with Wisconsin's DHS and WHA members about coronavirus and is aware of concerns arising about personal protective equipment (PPE) supply shortages – in particular N95 respirator masks and procedural masks. WHA is currently surveying members to gauge the severity of the concern and will share this information with DHS and others.

The FDA, CDC and DHS are aware of the challenges hospitals and health systems face and are offering guidance for health care providers. DHS and CDC provide a multitude of resources at the [DHS Outbreaks](#) web page and in the [CDC Weekly Report](#). The WisconsinEye media service also recently released an informational [Flu and Coronavirus in Wisconsin](#) interview with two DHS medical professionals: Tom Haupt, respiratory disease epidemiologist and DHS CMO Ryan Westergaard, M.D., Ph.D., M.P.H.

Resources specific to PPE can be found at:

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

Wisconsin hospitals and health systems stand ready to protect our patients, our workforce and our communities, and WHA is committed to working with our members and public health leaders to support their efforts.

WHA will remain in close contact with DHS and provide updates when new or important information becomes available. Contact WHA Vice President of Workforce and Clinical Practice [Ann Zenk](#) if you have questions, suggestions or feedback.

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## **Physician Leadership Development Conference, Kohler, WI - Just 10 Days Away!**

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

# WHA Board Sets 2020 Goals, Gets First View of New Workforce Dashboard

The WHA Board of Directors met on a snowy morning Feb. 13 in Madison, with new Board Chair Daniel Meyer, Aurora BayCare Medical Center president, gaveling the group to order and promptly thanking Immediate Past Chair Diamond Boatwright, SSM Health Care of Wisconsin regional president of operations for his past year of leadership.



WHA Board Meeting, Feb. 13, 2020



WHA 2020 Board Chair Dan Meyer

## 2020 Goals Approved

The board reviewed, discussed and approved an aggressive set of goals for the upcoming year, many of which are aimed at preparing for what will be a busy 2021-22 state legislative biennium that will once again require unified hospital and health system advocacy in order to sustain and improve the impressive accomplishments of the current biennium.

The 2020 goals align with WHA's new strategic plan, which encompasses important areas aimed at further enhancing Wisconsin's nation-leading, high-quality health care system, including:

- Strengthen Health Care Funding and Infrastructure
- Expand Access and Coverage
- Improve Health Care Quality, Value and Affordability
- Ensure an Adequate Health Care Workforce

In discussing the wide range of goals WHA aims to accomplish in 2020, WHA President and CEO Eric Borgerding highlighted WHA's strategy of broad collaboration with other health care groups and advocates in order to support proactive, bipartisan legislation in a challenging political environment.

## Workforce Dashboard Unveiled

Already starting to fulfill a 2020 goal, WHA Vice President of Workforce and Clinical Practice Ann Zenk joined WHA Information Center (WHAIC) Vice President Jennifer Mueller to provide the board with a demonstration of a new online data resource that will provide hospital leaders with an ability to "drill down" into their workforce and gain valuable information to support strategic planning efforts, collaboration with educators and training programs or grant applications to grow their workforce. WHA's Council on Workforce Development and WHAIC collaborated to use already-available state, regional, local and hospital-level workforce data to build the Wisconsin Workforce Dashboard.

"Projecting where and how your workforce needs to grow is more important now than ever before as health care employers experience a dual impact from the 'silver tsunami,'" Zenk said. "Not only are members of the large baby boom generation retiring from the health care workforce in numbers that subsequent generations cannot replace, there is also an increasing demand for health care being generated by a staggering increase in the elderly population."

The Workforce Dashboard can be found behind the Resources button on the members-only landing page of the WHA website. As you begin to use the Workforce Dashboard, we invite you to direct any questions, comments or suggestions to [Ann Zenk](#).

## Planning Ahead: the 2021-23 State Budget; Health Care Costs

WHA Senior Vice President of Public Policy Joanne Alig shared that WHA will start preparing for the state 2021-23 biennial budget by reconvening WHA's Medicaid Policy Work Group. The work group typically meets the year before the biennial budget is introduced to discuss member issues, concerns and priorities in providing care for vulnerable populations. Themes likely will include access to care, innovation, regulation, behavioral health and population health. The work group will begin meeting in early spring.

Alig also covered recent headlines highlighting concerns with health care and hospital costs, some of which contain statements that are simply false. Alig reviewed the data behind some recent studies and pointed out significant concerns with the underlying methodology. Unfortunately, Alig noted, studies based on flawed methodology may be influencing the perceptions of hospitals and paint a misleading picture of Wisconsin's health care quality and



Ann Zenk



Joanne Alig

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## **(WHA Board Sets 2020 Goals, Gets First View of New Workforce Dashboard . . . continued from page 3)**

value. Board members agreed that studies need to take into account the total cost of care, which includes not just unit cost, but also appropriate utilization and clinical outcomes to assess how well providers perform.

### **WHA Continues this Session's Advocacy in Madison and Washington, D.C.**

WHA Senior Vice President of Government Relations Kyle O'Brien shared with the board an update on various proposals moving through the state Legislature and two WHA legislative priorities that were recently signed into law by Governor Tony Evers. According to O'Brien, the floor calendars in both houses are moving rapidly as the state Assembly indicates it will be concluding work for the 2019-20 legislative session the week of Feb. 16.

O'Brien said WHA led two health care provider association coalition letters to Governor Evers requesting that [Assembly Bill 287](#) and [Senate Bill 163](#) be signed into law. Joining the various coalition letters were representatives of provider groups, nursing home associations, a hospice and palliative care association and patient advocacy organizations.

Assembly Bill 287, which was signed into law as [2019 Wisconsin Act 90](#), aligns Wisconsin law with the education and training of nurse practitioners and physician assistants to make the medical diagnoses necessary to activate a patient's written medical wishes through their advance directive. This legislation was a WHA-crafted, proactive proposal to better utilize Wisconsin's advanced practice clinicians in a team-based care setting.

In addition, Senate Bill 163, signed into law as [2019 Wisconsin Act 97](#), creates a penalty enhancement for intentionally harming a health care worker. This legislation originally only allowed for a penalty enhancement when the act of violence was committed against a nurse. WHA successfully lobbied the Legislature to amend the bill and include all health care providers.

O'Brien also updated the board on legislation that is yet to become law but has received significant traction in the last several weeks in the state Legislature. O'Brien reported that [Assembly Bill 575](#), which creates a new physician assistant licensure statute, and [Assembly Bill 841](#), which clarifies the ability for health care providers to offer prompt-pay discounts to patients, recently received hearings in the Assembly Health Committee and are expected to be heard on the Assembly floor soon.

Finally, O'Brien informed the board of other coalitions WHA has led, specifically related to changes to the 2019 Worker's Compensation Advisory Council proposed legislation and a bill that would create new mandates on hospitals that provide opportunities for physicians to train medical students. O'Brien said both pieces of legislation are unlikely to become law this session.

WHA Director of Federal and State Relations Jon Hoelter provided an update on federal transparency rules and surprise billing. He noted that health insurers and business groups have echoed the same concerns hospitals have previously expressed against proposals from CMS requiring both to release proprietary negotiated rates. Hoelter also briefed the board on [WHA's efforts advocating](#) for surprise billing proposals that protect patients while preserving free market negotiation between insurers and providers. Hoelter had been in Washington, D.C. Feb. 12 with the Rural Wisconsin Health Cooperative and a group of rural hospital leaders [while the House Ways & Means Committee was working](#) on a proposal that WHA and other hospital and provider groups [support](#). It would protect patients from surprise bills while allowing providers and insurers to continue negotiating toward resolution of billing disputes, using arbitration as a backstop. While this is a very positive development, there are still three proposals in Congress using a government-set benchmark rate to resolve surprise billing, and it is unclear what Congress will do to reconcile these differences. Hoelter said that a number of federal health care programs will see their funding expire on May 22, and this could create pressure for Congress to pass a surprise billing proposal as part of a larger health care package.

### **WHA's Physician Leaders Survey**

The meeting concluded with WHA Chief Medical Officer Mark Kaufman, M.D. sharing the results of a CEO survey on physician leadership as a complement to the 2018 CMO survey; the results can help guide WHA's physician leader development initiatives. Board members shared their impressions with the results and commended Dr. Kaufman for his continuing efforts to support physician engagement and satisfaction.

The next WHA Board of Directors meeting will be held April 16.



Kyle O'Brien

## Borgerding Touts Working in WI to Student Clinicians



WHA President and CEO Eric Borgerding participated in a health care policy panel Feb. 26 at Carroll University in Waukesha. More than 150 students attended, the vast majority studying to be future health care providers. Borgerding emphasized that Wisconsin is a great place for clinicians to work and practice, increasingly due to the team-based care environment and ongoing efforts to enable top-of-license practice. He explained how WHA uses public policy and advocacy to modernize and update laws and regulations in these areas. He urged the students to stay and practice in this great environment and encouraged them to engage with WHA.

Other members of the panel included QuadMed Vice President of Business Development Matt Wilterdink, Husch Blackwell partner Tom Shorter and OSF St. Anthony Medical Center (Rockford) Vice President of Ambulatory & Procedural Services Suzanne Fischer. Carroll University Distinguished Lecturer and Professor Sarah Esveldt organized the event, which was sponsored by the university's Future Healthcare Executives club.

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Less than three weeks until  
Advocacy Day - MARCH 18

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### State's Attorney General to Address WHA Advocacy Day

The state's top law enforcement official, Attorney General Josh Kaul, will serve as the luncheon keynote speaker at WHA's Advocacy Day 2020 on March 18 in Madison.

Attorney General Kaul won a statewide election in November 2018 and became Wisconsin's 45th attorney general in January 2019. In his time leading Wisconsin's Department of Justice AG Kaul has paid particular attention to fighting the state's opioid crisis and the increasing incidence of illegal meth labs, as well as addressing issues critical to hospitals like mental health care and emergency detention policy.

Formerly a federal prosecutor in Baltimore, AG Kaul received his law degree at Stanford Law School and was president of the Stanford Law Review. He graduated from Yale with honors, majoring in history and economics. Growing up in Oshkosh and Fond du Lac, Kaul now lives in Madison with his wife and their two sons.

If you haven't yet signed up for Advocacy Day, you can do so [here](#).



AG Josh Kaul

## DHS Announces Opioid Treatment Grant Opportunity

The Wisconsin Department of Health Services (DHS) is seeking proposals for the infrastructure planning and development of opioid treatment programs, telehealth, and mobile medication-assisted treatment units and emergency department or other hospital initiatives to develop buprenorphine induction for people with opioid use disorder prior to release, in high need and underserved areas of Wisconsin. DHS intends to use the results of this process to award grant agreement(s) for this purpose in such a way to expand coverage of opioid treatment services in underserved geographic areas of the state and for underserved populations.

More information about this grant funding opportunity can be found [here](#). Applications are due by 2 p.m. March 30, 2020.

## Governor's Task Force on Reducing Prescription Drug Costs Holds Third Meeting

Pharmacy Benefit Managers (PBMs) were again the focus of the Feb. 19 meeting of the Governor's Task Force on Reducing Prescription Drug Costs. The Task Force met on the campus of UW-Oshkosh, where PBM representatives were given an opportunity to tout their value within the pharmaceutical supply chain. Door County Medical Center CEO Brian Stephens serves on the task force.

Kris Hathaway, vice president of state affairs with America's Health Insurance Plans (AHIP), and Heather Cascone of the Pharmaceutical Care Management Association (PCMA – the national association representing America's pharmacy benefit managers), briefed the task force first. Both Hathaway and Cascone stressed the importance of focusing not just on PBMs, but on every participant in the drug supply chain, including pharmaceutical manufacturers, wholesalers, insurers, pharmacies, pharmacy services administration organizations (PSAOs – developed to help independent pharmacies interact with third party payers), health plan sponsors (usually employers) and insured health plan members.



*The Feb. 19 meeting of the Governor's Task Force on Reducing Prescription Drug Costs*

Hathaway provided examples of strategies that impede the efficient operation of the prescription drug market, such as gaming the drug patent system through orphan drug abuses (getting market exclusivity for drugs that aren't truly orphan drugs), pay for delay (agreements whereby a brand drug company simply pays a generic company not to launch a version of a drug), product hopping (where a drug manufacturer reformulates a brand drug to keep it off generic market), and dosing strategies (changing dosing schedule to keep a drug on patent). These strategies keep low-cost generic drugs from entering the market by extending the life span of a patent.

Both Hathaway and Cascone offered their opinions on ineffective strategies to lower prescription drug costs:

- Point-of-sale rebates: These rebates will not have a significant impact on overall costs, because only 2.4% of brand drugs are rebated. Rebates are offered only when there is head-to-head competition between drug manufacturers.
- Copay coupons: Coupons are offered only for expensive brand-name drugs and may not be used in Medicare or Medicaid programs. While helping individual patients, coupons may encourage patients to use costly brand medications instead of using cheaper generics, resulting in overall increased drug spend.
- Capping copays: Again, this strategy brings relief to the individual patient but may result in higher overall premiums.
- Rebate transparency issues: Tacit collusion may occur when rebate transparency is required. Rebate information should be protected so it is not attributable to a specific PBM or manufacturer.

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## **(Governor's Task Force on Reducing Prescription Drug Costs Holds Third Meeting . . . continued from page 6)**

Hathaway and Cascone offered suggestions for effective prescription drug cost control strategies, including eliminating patent abuses outlined above, eliminating gag clauses and claw backs, requiring manufacturers to provide advance notice of drug cost increases and ensuring that drug representatives disclose drug prices when marketing to physicians. Also promoted were evidence-based reviews to evaluate the appropriateness, medical necessity, and efficiency of health care services rendered to patients. Other cost-saving measures could include use of formularies and provider-tiered network design, prior and concurrent authorization, and e-prescribing and e-prior authorization for physicians.

Don Nelson, vice president, government relations for MagellanRx's Midwest Region, a PBM for the Medicaid program in 18 states, reviewed Magellan's 2019 Medicaid Pharmacy Trend Report. The 2019 data show a trend of an overall decline in the net cost-per-pharmacy claim. Underlying this story is a high specialty pharmacy cost trend which is balanced out by the traditional pharmacy cost trend. Medicaid programs struggle to pay for these high-cost drugs even after accounting for federal and supplemental rebates.

Paul Meyer, chief operating officer of The Alliance, brought with him three members of The Alliance who described how their businesses have been able to restrain health care and prescription drug costs. The Alliance, founded in 1990, facilitates group purchasing of health care contracts with providers. Member businesses self-fund their health plans. Alliance members include 250 employers whose health plans cover 100,000 employees and their dependents in the states of Wisconsin, Illinois, Iowa and Michigan.

Meyer identified four core drivers of high-value health care for members of The Alliance:

- Comprehensive prescription drug data transparency.
- Payment reform, by rewarding quality of service over volume.
- Provider network design.
- Benefit plan design. Prescription drug benefits are an important part of benefit design.

Meyer urged the task force not to villainize PBMs. While acknowledging that there are flaws in the PBM process, they can also bring tremendous value. The Alliance works with National Cooperative Rx, which provides pharmacy benefits to self-funded member-owned groups throughout the United States and works with a PBM to manage these benefits.

Josh Bindl, CEO of National Cooperative Rx, said their employer members pay 90% of the pharmacy benefit and employees pay 10%. The major fears facing employees right now is what is on the horizon with high-priced specialty drugs, gene therapy and other innovations spiking cost increases. Bindl identified some issues that could be examined by government, including "pop-up" pharmacies that cold-call individuals and get them to switch pharmacies. These pop-ups prey on older patients, and the Cooperative has locked out more than 700 of these pop-ups.

Three Alliance employer members described their tactics for keeping health care costs, including prescription drug costs, in line. Advanced Laser in Chippewa Falls; Seats, Inc. of Reedsburg; and Brakebush of Westfield all operate on-site health clinics for their employees and their family members. They work with National Cooperative Rx to get the best prices for drugs dispensed at the clinics and otherwise under their health plans.

The task force concluded with a brief discussion of a policy paper compiled by Wisconsin Officer of the Commissioner of Insurance staff focusing on PBM policy. Many of the items in the paper are addressed in legislation that may be taken up by the State Senate in March, including PBM transparency requirements, prohibitions on gag clauses and claw backs, and auditing of PBM claims practices. The insurance commissioner emphasized in the paper that while PBMs have been the recent focus of the task force, other parts of the prescription drug supply chain will be studied in future meetings.

The next meeting of the Governor's Task Force on Reducing Prescription Drug Costs will be March 18 in Wausau.

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## **WHA and RWHC Partner to Offer WI Quality Residency Program**



The quality staff at WHA and the Rural Wisconsin Health Cooperative (RWHC) have announced the next cohort of the [Wisconsin Quality Residency Program](#). First launched in 2014, the program is designed to engage new and novice hospital quality improvement leaders in a 12-month track of education, leadership training and networking – all critical for success in the first two years on the job.

The program includes in-person learning modules in foundational topics, including regulatory and accreditation requirements, quality improvement concepts, and using good data for analysis and decision-making. The modules are supplemented by coach calls, a dedicated email list service and access to veteran quality leaders for support.

*(continued on page 8)*

## **(WHA and RWHC Partner to Offer WI Quality Residency Program . . . continued from page 7)**

While the intended participants are those in their first two years in a quality leadership role, there are also experienced leaders who may wish to attend a module or two for a topic “refresh.” The program will accommodate guests on a first-come, first-served registration process.

The re-launch of the Wisconsin Quality Residency Program comes at an opportune time. According to WHA data, there are more than 22 new hospital quality leaders in Wisconsin hospitals. Further, this is a valuable opportunity for succession planning or training new leaders for anticipated vacancies.

See the [program summary](#) for more information and to register.

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## **(WHA Rural Physician Leaders Roundtable Holds Inaugural Meeting . . . continued from page 1)**

Roundtable members discussed the most pressing health care issues facing their communities. ***The overarching theme was a lack of resources.*** Common issues include:

- Patient access for behavioral health and specialty care
- Clinical conditions including opioids/substance abuse, tobacco use, obesity and chronic disease management
- Physician recruitment and retention
- Cost of care to the patient; lack of insurance or being underinsured

Common physician leadership challenges include:

- Specialty coverage for patients
- Provider burnout
- Adequate time and training for their leadership role

The Rural Physician Leaders Roundtable will meet quarterly in 2020. Physicians interested in joining the roundtable or who would like to learn more should contact [Dr. Kaufman](#).

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