

### IN THIS ISSUE

Epic Systems Hosts WHA's June Physician Leaders Council Meeting ..... 1

Legislature's Budget Committee Approves Significant Hospital and Physician Reimbursement Increases..... 1

Wisconsin Compensation Rating Bureau Recommends 8.84% Decrease in Worker's Compensation Rates..... 2

Interstate Medical Licensure Compact Reauthorization Bill Passes Senate ..... 3

## Epic Systems Hosts WHA's June Physician Leaders Council Meeting

**WHA physician leaders meet with Epic leaders to better understand and reduce the EHR burden on clinicians**

In a continuing collaboration between Epic Systems and WHA leadership that began in late 2018, Epic hosted WHA's Physician Leaders Council (PLC) meeting at its Verona campus. The major topic of discussion was how both organizations can best work together to reduce the electronic health record (EHR) burden on front-line clinicians.



WHA's Physician Leaders Council meeting hosted by Epic Systems on June 10.

The latest estimates of physician burnout in the United States are that 45-54% of physicians are suffering from burnout. Many studies have shown that the EHR is a major contributing factor.

Leaders from Epic's Physician Well-Being Team presented data contrasting the very different experiences that clinicians have in the U.S. who use the Epic EHR compared to colleagues in other countries.

*(continued on page 3)*

### EDUCATIONAL EVENTS

#### Throughout 2019

Health Care Workforce Resilience Free Member Webinar Series

#### SAVE THE DATE

September 6, 2019

WHA 2019 Post-Acute Care Conference  
Wisconsin Dells, WI

Visit [www.wha.org](http://www.wha.org)  
for more educational opportunities

## Legislature's Budget Committee Approves Significant Hospital and Physician Reimbursement Increases

The state Legislature's Joint Finance Committee enacted key WHA budget priorities for hospitals and the health care workforce during a meeting on June 4. Among policies supported by the Committee, lawmakers approved a WHA-advocated \$148 million increase in Medicaid reimbursement for hospitals over the 2019-21 biennium through the Medicaid Disproportionate Share Hospital (DSH) program and another \$10 million increase for the state's rural hospitals via the Rural Critical Care supplement program. The Committee also approved a nearly \$25 million increase in physician and behavioral health Medicaid reimbursement increases.

"Over three months ago, WHA [applauded](#) the health care budget introduced by Governor Evers, and we are pleased to now recognize the Joint Committee on Finance for its work, including approving substantial Medicaid reimbursement increases for hospitals and physicians," said WHA President and CEO Eric Borgerding. "As happens in state budgets, the Committee dialed up some of the Governor's reimbursement proposals, matched, or dialed down others. But all told, this budget started and remains positive for health care."

*(continued on page 2)*

Lawmakers also approved several other elements of Governor Evers' budget proposal which were supported and lobbied on by WHA. These items included changes to Wisconsin's Graduate Medical Education (GME) grant program, such as eliminating specialty limitations, and reforming Wisconsin's Medicaid statutes to allow for real-time provider-to-provider telehealth consultations, as well as remote patient monitoring.

As noted above, the Committee approved reimbursement increases for physicians and behavioral health services, but these would require approval by the Joint Finance Committee based on a plan to be developed by the Wisconsin Department of Health Services (DHS). If ultimately passed by the Legislature and signed into law by Governor Evers, WHA will continue to engage with DHS to ensure the plan put forward by the Department provides resources to increase access to behavioral health care for Medicaid enrollees served in Wisconsin hospitals and health systems.

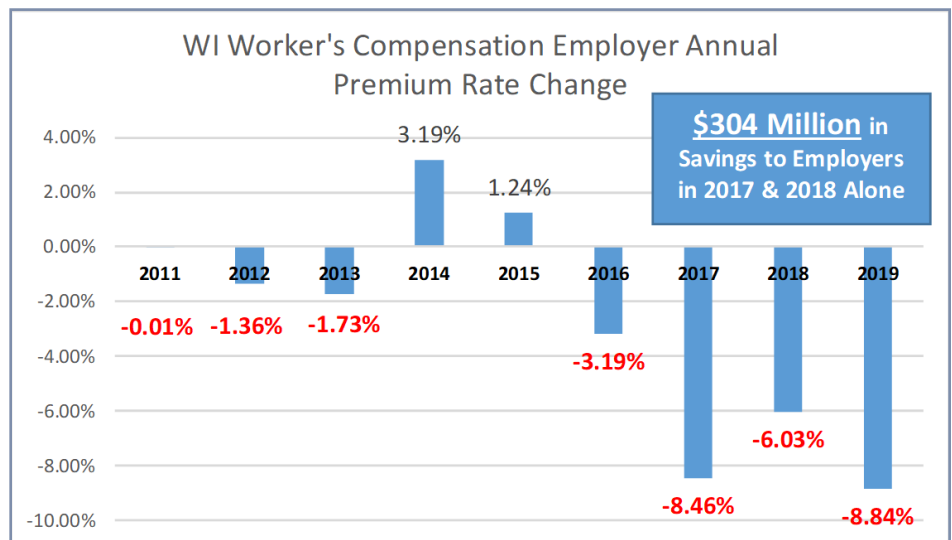
"Governor Evers got the ball rolling with one of the strongest health care budgets we've seen in many years, and as it stands after the Joint Finance Committee's actions, it remains a strong health care budget. It's not everything everyone wanted, including WHA, but all-in-all, a positive health care budget that will expand access to care and reduce cost-shifting—both bipartisan aims. It may seem counterintuitive in this political climate, but I actually believe this health care budget contains very positive investments for which both the Governor and the Legislature should be lauded."

The Legislature's budget bill needs to be approved by both the full Senate and Assembly before heading to the Governor's desk for partial or full vetoes. The budget committee has wrapped up its work, and the full Legislature is expected to vote on it by the end of June.

## Wisconsin Compensation Rating Bureau Recommends 8.84% Decrease in Worker's Compensation Rates

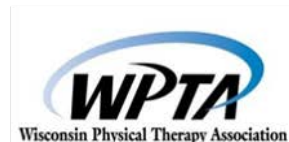
Each year, the Wisconsin Compensation Rating Bureau (WCRB) submits recommended worker's compensation (WC) premium changes to the Office of the Commissioner of Insurance (OCI). At the WCRB's [May 23 meeting](#), the Committee approved filing a 8.84% decrease in WC rates with OCI. If approved by OCI, the new rates will take effect October 1, 2019. OCI action is expected later this month.

This decrease would be the latest in a series of significant cost reductions for the WC program, and the fourth straight year employer premiums have gone down. Worker's compensation premium rates remain lower in 2019 than they were over a decade ago, and according to the Department of Workforce Development, rate reductions in 2017 and 2018 have amounted to \$304 million in savings to Wisconsin employers.



The [health care provider coalition](#) continues to encourage the Legislature to reject proposals to dismantle Wisconsin's strong WC system. In recent legislative sessions, lawmakers have flatly rejected proposals to shift WC to a medical fee schedule structure, which would put government in the position of determining reimbursement rates for medical providers who treat injured workers. The coalition appreciates the Legislature's ongoing support for our model WC program.

### Worker's Compensation Advisory Council Healthcare Liaisons



## Interstate Medical Licensure Compact Reauthorization Bill Passes Senate

Legislation initiated by WHA to permanently reauthorize Wisconsin's participation in the Interstate Medical Licensure Compact passed one house of the state Legislature on June 5, moving through the Wisconsin state Senate on a unanimous voice vote.

In April 2017, Wisconsin's Department of Safety and Professional Services (DPS) became the first licensing agency in the nation to process a Compact license. Since then, nearly 400 physicians residing in other states have used the Compact process to become licensed and serve patients in Wisconsin. [Senate Bill 74](#) and its companion, [Assembly Bill 70](#), would permanently reauthorize the Compact, which under the original enabling legislation enacted in 2015 faced a five-year sunset. The bills were introduced by a bipartisan group of legislators and led by Representatives Nancy VanderMeer (R-Tomah) and Deb Kolste (D-Janesville) and Senators Pat Testin (R-Stevens Point) and Patty Schachtner (D-Somerset).

This Compact reauthorization legislation is expected to have an Assembly Committee hearing sometime in late June or early July. Lawmakers in the Assembly are not expected to return to a general floor session until October, when they would consider the bill for final passage and forward it on to Governor Evers to be enacted into law.

---

*(Epic Systems Hosts WHA's June Physician Leaders Council Meeting . . . continued from page 1)*

- U.S. Epic users' outpatient clinical notes are 3-4 times longer than those of their international colleagues, and the average domestic outpatient clinical note has doubled in length since 2009.
- U.S.-based physicians receive an average of 25 in-basket messages per day compared to less than 10 for their international colleagues and spend significantly more time on the EHR, including "pajama time." Not surprisingly, physician satisfaction with the EHR experience is much lower in the U.S. compared to abroad.

PLC members and Epic leadership discussed a number of the factors driving this different EHR user experience. In the U.S., use of the EHR to satisfy federally mandated documentation requirements, quality of care reporting requirements, reimbursement justification, pay-for-performance programs, payor incentive programs, as well as the litigation environment, all contribute to the difference in our EHR user experience.

Nonetheless, there has been progress and there is hope for needed change. Data from Epic on clinical note length helped nudge CMS to simplify its clinical note documentation requirements in the 2019 Physician Fee Schedule. Epic recognizes the potential for WHA and its member organizations to use our unified voice in partnership with Epic to advocate for regulatory reform.

Epic and PLC members also reviewed tools to help identify physicians who are not using the EHR as efficiently as their peers. Epic has found that a clinician's ability to personalize his/her EHR and providing refresher training every few years significantly improves physicians' EHR satisfaction. Epic is rolling out Web-Ex based training and has produced more than 150 teaching videos. In development are a "voice assistant" (think Siri and asking "Epic" to find the latest lipid panel for you) and machine learning with predictive analytics where Epic software will anticipate what a clinician needs based on prior ordering patterns.

PLC members and Epic leaders agree there is significant opportunity for both organizations to work together in advocating for regulatory reform and for spreading best practices in the use of the EHR to reduce clinician burnout. WHA staff and Epic Physician Well-Being Team leaders plan to meet regularly going forward to focus our collaborative efforts on initiatives that reduce the EHR burden on clinicians regardless of which EHR a clinician uses.

The PLC also discussed and made recommendations to WHA staff on other important issues, including: a draft CEO survey on physician leadership; a refresh of WHA's Physician Engagement and Retention Toolkit; and CME accreditation for WHA's annual Physician Leadership Development Conference.

If you have questions about WHA's Physician Leaders Council or are a WHA member physician leader and would like to participate, contact WHA Chief Medical Officer [Mark Kaufman, MD](#).

