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Medical Examining Board Considers WHA Proposal to Create Physician License Time Metrics

Proposal a component of WHA physician burden reduction agenda

The Wisconsin Medical Examining Board (MEB) considered a WHA proposal for the MEB to establish medical licensure application processing time metrics and to add those metrics as a standing report item on the MEB’s agenda. The agenda item was a follow up to WHA’s Vice President of Workforce and Clinical Practice Ann Zenk raising the issue at the June MEB meeting and a subsequent [WHA letter](#) proposing potential measures sent by Zenk and Mark Kaufman, MD, WHA Chief Medical Officer.

“One of the top state regulatory issues impacting physician burden identified by Wisconsin physician leaders and administrators alike is timeliness of physician licensure processing,” said WHA General Counsel Matthew Stanford during WHA’s presentation to the MEB. “By transparently measuring the timeliness of each part of the licensure process, the Board will have additional information to monitor and identify problems in the licensure process, and also help physicians, hospitals, and the

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Grapentine Joins WHA as VP of Communications



Mark Grapentine

The Wisconsin Hospital Association (WHA) announced that Mark Grapentine, J.D., will join the WHA Senior Leadership team in early September as the organization’s Vice President of Communications. Grapentine comes to WHA with more than 25 years of experience in positions involving high-level strategic communications, including the last 16 years as Senior Vice President for Government Relations at the Wisconsin Medical Society.

“Mark possesses a unique combination of deep health care policy knowledge and strong advocacy-focused communication skills, both acquired and honed over many years of engaging effectively in the Wisconsin public policy arena,” said WHA President and CEO Eric Borgerding. “Mark is highly regarded in our field of health care advocacy, and his unique skills will enhance and expand what WHA can accomplish on behalf of our members across the state. We have worked with Mark for many years, and the WHA team is very excited to have him come on board.”

Grapentine is a graduate of the University of Wisconsin Law School and was a double major in Journalism and Political Science at UW-Madison. In between degrees, he was a sports reporter and anchor for WKOW-TV in Madison. Before joining the Medical Society in 2003, Grapentine spent five years working in the state Capitol: as chief of staff to former State Sen. Peggy Rosenzweig, as a policy advisor to Gov. Tommy G. Thompson, and as a legislative assistant to then-State Rep. Scott Walker.

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“Throughout my career, I’ve always loved the challenge of combining public policy with strategic communications,” Grapentine said. “To have that as my core role for a premier health care policy organization like WHA is a fantastic opportunity. I’m excited to learn from and add to an all-star staff.”

Grapentine will start September 9 at WHA. He and his wife, Wendy Warren Grapentine, are long-time Madison-area residents. They have two children: son Jordan (22) and daughter Lexey (20).

Grapentine replaces current VP of Communications, Stephanie Marquis, who announced earlier this month her plans to move into a private consulting role. Marquis will be with WHA until August 30.

Legislators and Staff Pack WHA’s Telehealth Briefing at the State Capitol

More than 90 legislators and their staff packed the Joint Finance Hearing Room at the state Capitol on July 18 to learn more about telehealth from WHA and its members. The briefing was an opportunity for policymakers to get a firsthand look at the different telehealth offerings in Wisconsin, as well as current barriers to expanding it, and recommendations from WHA and its members to advance state telehealth policies.

Rep. Amy Loudenbeck (R-Clinton) kicked off the briefing by sharing her interest in telehealth, which stemmed from hearing from her constituents in Walworth County. She also discussed meeting with WHA to develop telehealth legislation she has been working on in partnership with WHA and her legislative colleagues, Rep. Deb Kolste (D-Janesville), and Senators Dale Kooyenga (R-Brookfield) and Janet Bewley (D-Mason).

WHA Director of Federal and State Relations Jon Hoelster then gave an overview of WHA’s Telehealth Work Group, which has met a number of times over the last few years to identify barriers to telehealth and recommend policy options. This work group included more than 36 WHA members from all over Wisconsin, and also saw participation from the Wisconsin Department of Health Services’ Medicaid staff.



L to R: Chris Meyer, Director of Virtual Care & Telehealth at Marshfield Clinic Health System; Jessica Easterday, Program Manager of Telemedicine at Gundersen Health System; Jon Hoelster, Director of Federal and State Relations at WHA; Andrew Brenton, Assistant General Counsel at WHA; Simrit Singh, Senior Business Operations Specialist at UW Health; Shana Kettunen, Director of Telemedicine at Hospital Sisters Health System; Rachel Zorn, Manager of Telehealth at UW Health



WHA’s Telehealth Briefing at the State Capitol, July 18, 2019.

Hoelster thanked the Legislature for their past work partnering with WHA to advance public policy reforms that have helped Wisconsin remain one of the highest quality states for health care in the country. He also highlighted a couple of WHA’s work group recommendations on allowing Medicaid to begin covering remote patient monitoring and provider-to-provider consultations, which were recently signed into law in the state budget.

Shana Kettunen, Director of Telemedicine for Hospital Sisters Health System Eastern Wisconsin Division, described their successful telestroke program that has improved outcomes for stroke victims in their service region. Kettunen also cited the

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requirement that behavioral health providers receive a telehealth certification before providing care as a burden that has slowed down their ability to offer important substance use and behavioral health services via telehealth.

Chris Meyer, Director of Virtual Care and Telehealth for Marshfield Clinic Health System, described their Direct to Consumer Telehealth tool – *Care My Way*. While this tool has been a great way to reach patients, it currently cannot be offered to Medicaid patients as Medicaid will not pay for care delivered to a patient's home or other non-clinical setting.

UW Health's telehealth leaders, Rachel Zorn, Simrit Singh, and Elsa Jacobson highlighted their successful teleophthalmology program, which has been shown to prevent blindness in patients while avoiding unnecessary medical costs. They are also interested in growing a program that brings medical care to patients' homes, but face the same burden of lack of Medicaid reimbursement for in-home telehealth.

Jessica Easterday, Gundersen Health System's Telemedicine Program Manager, described the evolution of telehealth when they began using it in 1994 through the new technology they use today. While telehealth has been a very successful tool to reach patients for Gundersen, they struggle with a very rural area that often has limited high-speed internet access. She advocated for more to be done to increase broadband access, which will help allow more patients to benefit from telehealth.

Overall, the briefing was a very successful event that helped explain to legislators and staff the need for legislation WHA is working on to help unlock telehealth's true potential.

You can find a [replay of the briefing in WHA's Video Library](#). Contact WHA's Director of Federal and State Relations [Jon Hoelter](#) for more information.

WHA on Capitol Hill to Discuss Surprise Billing Asks to remove benchmark rate-setting provisions from legislation

WHA hosted a group of hospital and health system leaders in Washington, D.C., on Tuesday, July 16 to discuss proposed federal legislation on [surprise billing](#) with Wisconsin's Congressional Delegation. The group met with all 10 of Wisconsin's Congressional offices to voice their concerns about the unintended consequences of a provision that would set a benchmark rate for providers in an effort to avoid surprise medical bills being sent to patients.

The group started their day with Congressman Pocan, explaining that while WHA and its members support Congressional efforts to reduce instances of surprise medical bills, the benchmark provision could have the unintended consequence of decreasing access to patients' preferred providers. Michelle Abey, a constituent of Congressman Pocan, described efforts that her hospital (Stoughton Hospital) already uses to avoid sending patients surprise medical bills. She also noted that insurers would have little incentive to continue contracting with providers who currently negotiate above the median in-network rate. This could lead to those providers being out-of-network if insurers decide to end their contract in order to save money, meaning patients would no longer have that provider in their network.

WHA's advocates also had very productive conversations with Senators Johnson and Baldwin. Sen. Johnson expressed his desire to hear feedback from WHA and its members about how the bill might impact care delivery in Wisconsin. He noted the difficulty his Senate colleagues mentioned in finding funding to extend important health care priorities, and that this bill was supposedly designed to generate savings, but that Sen. Johnson would like to know our thoughts on the overall impact.

WHA's group thanked Sen. Baldwin for her work on fighting to ensure strong reforms to bring more transparency and lower costs for prescription drugs, while also protecting the 340B program. Senator Baldwin acknowledged those priorities led to her vote to advance the bill through the committee, but that she was likewise interested in hearing concerns on other aspects of the bill.

Representative Kind let WHA and its advocates know that his Ways & Means health committee may be working on its own tweaks to legislation on this issue. He welcomes feedback as the process continues.

The group also met with Congressman Mike Gallagher, explaining the progress WHA members have made in recent years to give patients more tools to see what their care will cost up-front. Tiffany Huston, a constituent of Gallagher from Door County Medical Center, described their hospital's new online tool that allows patients to plug in their insurance information and get not only an idea of what they will be charged for their health care, but also how much they will pay out of pocket. Huston also described how the median in-network benchmark rate could make it more difficult for rural hospitals that already struggle with workforce shortages and thin revenue margins.

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Overall, the group had a very positive reception from Wisconsin's Congressional delegation and their staff. WHA is continuing to follow the surprise billing issue closely as legislation continues to move through both the House and Senate.

Contact WHA's Director of Federal and State Relations [Jon Hoelter](#) for more information.



WHA staff and hospital and health system leaders meet with Wisconsin's Congressional Delegation. Top left: Sen. Tammy Baldwin; Top right: Sen. Ron Johnson; Center: Cong. Ron Kind; Bottom left: Cong. Mark Pocan; Bottom right: Cong. Mike Gallagher.

DHS 75 Substance Abuse Treatment Rule Listening Sessions Conclude

The Wisconsin Department of Health Services (DHS) held the last of six listening sessions in Madison on July 16 seeking input and experiences with Wisconsin's Community Substance Abuse Standards—DHS 75—as DHS begins an effort to rewrite those rules. Matthew Stanford, WHA General Counsel, attended the listening sessions and is a member of a DHS advisory committee that will be convened this fall to work on a final proposed rewrite of DHS 75.

The rulemaking is an outgrowth of a recommendation from the Governor's Task Force on Opioids. During that Task Force, WHA noted concerns from substance abuse providers that Wisconsin's special substance abuse treatment rules can create costly and unnecessary burdens that are not keeping up with care delivery changes and create barriers to expanding substance abuse treatment services.

About 40 behavioral health providers attended the listening session, and examples of common key themes of the comments included:

- The DHS 75 clinical supervision requirements are outdated and often inconsistent with a modern licensed and professionalized substance abuse treatment delivery model.
- The DHS 75 rules frequently require multiple signatures, documentation and reviews that create paperwork burden, but no meaningful benefit for patient care.

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DHS 75 Substance Abuse Treatment Rule Listening Sessions Conclude . . Continued from page 4

- Separate treatment service-type silos are creating unnecessary barriers to person-centered health care and service model flexibility and integration.
- Current rules are inconsistent with modern electronic health records technology.

Consistent with prior listening sessions, providers also repeatedly cautioned DHS to not be too prescriptive in the new rule.

“Be cautious about making DHS 75 too prescriptive,” said Michael Wapoose, Director of Behavioral Health, Quartz Health Plan. “Treatment should be designed to community needs. The prescriptiveness of the current rule is a real problem and burden during surveys.” Wapoose is also a member of the DHS 75 Advisory Committee.

Others said that current prescriptiveness and documentation requirements negatively impacts access and treatment.

“There is lots of time spent on lots of paperwork,” said one provider. “We need more time with patients. Instead, we are seeing more challenging patients, requiring more needs and more steps, many of which are not reimbursed.”

“Sign, sign, sign,” was the way another provider described the current paperwork burden.

Others cautioned against enshrining a particular evidence-based practice in rule and one provider asked DHS to consider the purpose of having a rule. “The purpose of having a rule should be to ensure someone is not endangered by solely receiving a service. We need to ensure the rule allows individuals to get the number and type of services they need.”

Throughout the process, DHS staff has recognized many of the concerns, including a recognition that the current rule is “pretty prescriptive right now” and the need for the rule to better “align with integrated care, other DHS regulations, and Medicaid payment.”

Next, DHS will convene the DHS 75 Advisory Group sometime this fall to review and provide input on a draft proposed DHS 75 rewrite.

If you have questions, additional input, or would like more information about the DHS 75 rewrite process, contact WHA General Counsel [Matthew Stanford](#) at 608-274-1820.



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public better understand the different parts and responsibilities of the licensure process.”

In addition to the MEB presentation, WHA has taken several steps recently to further explore and resolve physician licensure delays:

- In May, WHA met with Wisconsin Department of Safety and Professional Services (DSPA) Secretary Dawn Crim and her leadership team and discussed licensure timeliness issues, as well as developing transparent measures regarding physician licensure timeliness.
- At the June 19 MEB meeting, WHA requested the Board consider adding physician licensure application processing time metrics as a standing report item on the Board’s agenda. The request generated a positive response to routine reporting of metrics and a lively discussion by Board members of licensure delays.
- WHA’s Zenk discussed options for measuring and reporting medical licensure timeliness with DSPA Assistant Deputy Secretary Dan Hereth in late June. DSPA expressed significant interest in working with WHA to establish and report such measures to help identify problems that can lead to lengthy licensure delays.
- On June 27, Kaufman and Zenk sent a follow-up letter to the Chair and Vice Chair of the MEB to provide additional detail on suggested metrics and recognition of the value of MEB acting on this issue.

Members of the MEB supported pursuing WHA’s proposal. Board Chair, Dr. Kenneth Simons, noted, “We need to work with DSPA staff to look at this process and determine what actions are necessary and feasible.” Board members will meet with DSPA credentialing staff to further explore the current process, and DSPA credentialing staff will be invited to attend MEB to discuss physician licensure processes and the Board’s desire to receive reports of licensure processing metrics on a routine basis.

“WHA appreciates the partnership it has had with the MEB in recent years on important policy issues including enacting and maintaining the Interstate Medical Licensure Compact and addressing opioid abuse in Wisconsin,” said Zenk. “We look forward to continuing this partnership as we further explore physician licensure delays together.”
