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**WHA's Strategic Plan and Future Advocacy Priorities Focus of Annual Board Retreat**

**Leaders from three state agencies discuss key issues and collaboration**

The WHA Board of Directors and WHA staff held their annual strategic planning session August 14-16 in Arbor Vitae. Board member discussions focused on the WHA strategic plan and physician engagement strategies. The retreat also featured a panel discussion with key leaders from three state agencies that have a significant role in Wisconsin health care.



WHA Chair-Elect Dan Meyer, President of Aurora BayCare Medical Center, and WHA President and CEO Eric Borgerding, kicked off the meeting by highlighting recent successes with the state biennial budget process and connected those achievements to the pillars of WHA's strategic plan and mission.

"This year's meeting will focus on looking ahead and maintaining WHA's top influential position in Wisconsin health care," said Borgerding. "We will do so by staying diligent in achieving the five elements that define WHA value—responsive, knowledgeable, influential, impactful and relevant."  
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**EDUCATIONAL EVENTS**

**September 11-12, 2019**  
*Health Equity and Literacy Workshop*  
Madison, WI

**Throughout 2019**  
*Health Care Workforce Resilience Free Member Webinar Series*

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

**CMS Extends WHA Hospital Improvement Innovation Network (HIIN) Contract Through March 2020**



In September 2016, the Wisconsin Hospital Association, Michigan Hospital Association Keystone Center, and Illinois Health and Hospital Association joined forces

as the Great Lakes Partners for Patients (GLPP) and have worked with their member hospitals to improve patient care and outcomes as part of a Centers for Medicare & Medicaid Services (CMS) Hospital Improvement Innovation Network (HIIN).

WHA is proud to announce the GLPP HIIN's contract will extend into 2020 to continue the great work to achieve the goal of reducing hospital-acquired conditions by 20 percent in 11 areas of harm, as well as achieve a 12 percent reduction in all-cause readmissions.  
*(continued on page 2)*

***(CMS Extends WHA HIIN Contract Through March 2020 . . . continued from page 1)***

Thanks to the hard work and dedication of GLPP HIIN hospitals, there has already been:

- A 20 percent reduction in Central Line-associated Bloodstream Infections (CLABSI) in both Intensive Care Units (ICUs) and hospital-wide;
- A 20 percent reduction in Catheter-associated Urinary Tract Infections (CAUTI) in the ICU; and,
- A nearly 20 percent reduction in Clostridiodes difficile (C.diff) infection rates.

In addition, GLPP HIIN hospitals are currently over the halfway mark and have achieved at least a 10 percent reduction in the following categories: adverse drug events (ADE) related to anticoagulants and opioids, and probable Ventilator-Associated Pneumonias (PVAP).

These improvement efforts have resulted in an estimated cost savings of \$181,688,338, as well as a significant reduction in avoided harm events.

WHA Chief Quality Officer Beth Dibbert attributes the success to the GLPP HIIN members' commitment to seeking continuous improvement and participating in numerous offerings, such as cross-state best practice sharing, utilizing subject matter experts, hospital onsite visits, and coaching calls. Attendees have been able to learn how to utilize data to drive improvement, expand and improve conversations with key stakeholders, reduce costs, and make hospitals safer for both patients and providers.

"WHA thanks CMS for this extension, and the GLPP HIIN is looking forward to continuing this important work into 2020," said Dibbert. "Wisconsin hospitals will continue to have a meaningful impact, improving care and saving lives here and across the region."

## Grassroots Spotlight

### **WHA Meets with Reps. Grothman and Moore to Discuss Surprise Billing**

#### ***Continue to ask for fix to federal legislation***

WHA hospital and health system leaders met with Congressman Glenn Grothman and Congresswoman Gwen Moore in separate meetings on August 28 to discuss federal legislation aimed at tackling surprise medical billing.



The first meeting was hosted by Ascension Columbia St. Mary's Ozaukee in Mequon.

Grothman toured the facility and met with a group of WHA advocates from Ascension, Hospital Sisters Health System Eastern WI Division, Froedtert Health, Children's Hospital and Health System, and Columbus Community Hospital.

David Lally, of HSHS Eastern WI & Caleb Jensema of St. Nicholas Hospital in Sheboygan, discussed voluntary efforts hospitals are already doing to meet customers' desires for more transparency and price information. They discussed WHA's PricePoint website, which allows consumers to compare charges for hospitals across Wisconsin, as well as a website HSHS has developed for its patients. This website allows patients to obtain online estimates for planned procedures and takes into consideration a patient's health insurance plan so they have a better idea of what they might be paying out of pocket.



*from L to R: Jon Hoelter, WHA Director of Federal and State Relations; Elizabeth Cliffe, Ascension Wisconsin Director of Government Relations and Advocacy; Katie Burns, Vice President of Network Strategy & Development at Children's Hospital of Wisconsin; Lindsay Punzenberger, Director of Federal Government Relations at Children's Hospital of Wisconsin; Congressman Glenn Grothman; Caleb Jensema, HSHS St. Nicholas Hospital Director of Finance; John Russell, Columbus Community Hospital President & CEO; David Lally, HSHS Eastern Division Director of Business Development, Care Coordination, and Advocacy; Maureen McNally, Chief of Staff, Office of President & CEO at Froedtert Health.*

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***(WHA Meets with Reps. Grothman and Moore to Discuss Surprise Billing . . . continued from page 2)***

Grothman said he has been following the legislation in Washington that would end surprise medical billing and understands that it has been introduced to address consumer frustration with unexpected medical bills. He said he was unsure where the legislation would end up but hoped it would not become mired in partisan politics and would actually present a workable solution.

Katie Burns and Lindsay Punzenberger of Children’s Hospital walked through efforts Children’s makes to stop patients from receiving a surprise medical bill. Burns mentioned that Children’s, like many Wisconsin hospitals, does up-front work to keep its providers in-network. It will also negotiate single-case agreements with insurers Children’s does not have a contract with. Many Wisconsin hospitals take these steps to help make Wisconsin a state with a low rate of surprise medical bills compared to other states.

John Russell, CEO of Columbus Community Hospital, offered his perspective as a small, rural, critical access hospital. He noted that while hospitals support taking the patient out of the middle and avoiding surprise medical bills, the mechanism that would pay providers a government set median in-network rate would create other problems that heavily favor insurers at the expense of hospitals and patients’ choices of providers.

Grothman thanked the group for sharing their perspectives, which he said he would keep in mind should the Education & Labor Committee he serves on take up this legislation.

WHA then went to meet with Congresswoman Moore in her district office in Milwaukee and was joined by Ascension Wisconsin and Children’s Hospital of Wisconsin. Moore said she is currently a co-sponsor of legislation authored by Ways & Means Committee Chair Lloyd Doggett (D-TX) which would require hospitals to inform patients if a provider is out of network prior to services being provided, otherwise the patient could receive a bill for no more than an in-network charge.

Elizabeth Cliffe of Ascension noted that Wisconsin hospitals in the Milwaukee area all work to keep providers in-network as much as possible, which reduces the amount of surprise medical bills. She noted that current studies on the issue suggest Wisconsin has a low rate of surprise medical billing, but that current legislation requiring providers to accept government-set benchmark rates would create challenging issues for all Wisconsin hospitals and the patients they serve. Moore said she is aware of the concerns over this issue and will keep that in mind as legislation comes before the Ways & Means Committee she serves on or to the floor for a vote.

WHA will continue to meet with lawmakers in Wisconsin and Washington, D.C. to request the government rate-setting provisions be dropped from legislation before it comes to the floor for a vote. For additional information, contact WHA Director of Federal and State Relations [Jon Hoelter](#).



L to R: Jon Hoelter, Lindsay Punzenberger, Cong. Gwen Moore, Elizabeth Cliffe

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## **Homeland Security Finalizes Proposed Public Charge Rule**

### ***Concerns remain over impact to uncompensated care***



The federal Department of Homeland Security (DHS) finalized a rule proposed in 2018 that would expand the definition of what constitutes a “public charge” as it relates to immigration. Unfortunately, the final rule does little to address concerns from WHA and other groups that the expanded definition could lead to more uncompensated care for hospitals and health systems and could negatively impact Wisconsin’s projected health care workforce shortage.

The final rule adds Medicaid to the list of public benefits that would be considered in determining whether an immigrant is eligible to enter the U.S. or make changes to his or her immigration status. Historically, U.S. immigration policy has used the “public charge” criteria to determine the likelihood of a prospective immigrant becoming dependent on government benefits. The final rule expands the list of benefits considered in determining whether an immigrant may be determined a public charge to include Medicaid, housing assistance, and Supplemental Nutrition Assistance (called FoodShare

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***(Homeland Security Finalizes Proposed Public Charge Rule . . . continued from page 3)***

in Wisconsin). It also changes the definition of what is considered a public charge from someone who is “primarily dependent” on government assistance to someone who “receives one or more” government benefits for 12 months or more in a 36-month period. In other words, if an individual received both FoodShare and BadgerCare for a cumulative total of more than six months each in a three-year period, they could be considered a public charge under the new rule. However, the full public charge test is based on several different factors that look at the “totality of circumstances,” such as a person’s age, health, family status, financial status, education, and skills.

In its [comment letter](#) last December, WHA cautioned DHS that since this policy would be applied to immigrants already residing lawfully in the U.S., it could lead people who are legally entitled to Medicaid benefits or subsidized health insurance to drop their coverage over fears of it negatively impacting their own or a family member’s legal immigration status. Indeed, DHS itself acknowledged in the proposed rule that this policy could lead to more cases of uncompensated care, worse health outcomes, and increased emergency room visits. While it’s impossible to forecast how widespread such negative impacts could be, Wisconsin is currently home to an estimated 285,000 individuals who are either immigrants themselves or have family members who are immigrants. WHA also noted concerns about the rule’s potential impact on Wisconsin’s health care workforce shortage, particularly considering the number of immigrants that could fill open entry-level jobs that support direct patient care. Wisconsin currently has more open jobs than workers, and the demand for health care jobs is projected to increase by 30% over the next 12 years.

The final public charge rule will take effect on October 15, 2019. Since its announcement, several groups have called for its withdrawal and several states are suing to block its implementation. Contact WHA Director of Federal and State Relations [Jon Hoelter](#) for more information.

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***(WHA’s Strategic Plan and Future Advocacy Priorities Focus of Annual Board Retreat . . . continued from page 1)***

Board members engaged in detailed discussions about WHA’s mission, vision, values and strategic goals. Members discussed the ever-broadening range of responsibilities and requirements aimed at hospitals and health systems, and whether these changing dynamics should be reflected in the organization’s mission and vision. Ultimately, Board members agreed the key to WHA’s advocacy success is maintaining a disciplined focus, while ensuring that all parts of the health care system, including state and local governments, fulfill their responsibilities and are a part of future strategies and solutions.

“WHA’s top priority is delivering value to our members and doing our part to improve the health of our state through our advocacy work,” Borgerding said. “In this rapidly changing environment, we will continue to strategically position WHA to be relevant and impactful for our members as they strive to fulfill their missions and improve the health of their communities and the state.”

When they look to the future, WHA members consistently identify three areas as top concerns:

1. Government health care programs like Medicaid and Medicare;
2. The health care workforce shortage; and,
3. The stability of the health insurance market.



*Leaders from DHS, DWD and OCI engage in a dialogue with the WHA Board*

With that in mind, WHA was pleased to welcome Department of Workforce Development Secretary Caleb Frostman, Office of the Commissioner of Insurance (OCI) Commissioner Mark Afable, and Department of Health Services Deputy Secretary Julie Willems Van Dijk for a panel format dialogue with the Board. Each outlined the respective vision for their state agencies and highlighted synergies with WHA and the Wisconsin health care industry.

Frostman covered a number of topics, including “quality communities” as a key economic development tool and noted a range of workforce programs relevant to health care training and recruitment. Willems Van Dijk highlighted the importance of funding, coverage, reimbursement and innovation in the Medicaid program and the role of WHA and its members as leaders in the transformation of health care. Afable highlighted OCI’s and the Legislature’s work to stabilize the insurance market and improve enrollment in both Medicaid and the ACA marketplace. He also discussed more timely issues, including surprise billing.

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Dr. Mark Kaufman, WHA Chief Medical Officer, presented WHA's physician engagement strategy, collecting valuable feedback from Board members. Dr. Kaufman provided an overview of WHA's historical work on this topic, indicating future efforts will focus on physician leadership development, education, enhancing the Physician Leaders Council and advocacy.

Finally, the Board reviewed its Self-Evaluation survey. WHA continues to perform at a very high level, providing a multi-faceted return on investment for members. Board members commented on WHA's ability to influence policy and produce results, saying members could not fulfill their mission without WHA.

"WHA members are fortunate to be represented by the excellent staff and resources at our disposal," said Meyer. "This retreat was another great example of the quality and influence of WHA as an organization."

WHA staff will spend the next several weeks digesting the many takeaways from the retreat, using the information to help craft and guide 2020 annual goals, as well as the 2020-22 update of the strategic plan. The new strategic plan will be presented at the October Board meeting.

"Our members are crucial in the development of WHA's strategic goals," Borgerding said. "The thoughtful and insightful feedback we received at the retreat provides excellent guidance as we rewrite our strategic plan."



*Breakout sessions at WHA's 2019 Board Retreat*



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