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WHA Physician Leaders Council (PLC) Provides Input on Key Advocacy Issues

WHA advocacy to reduce regulatory barriers impacting physician and clinical practice, and WHA physician engagement efforts were key discussions at the Oct. 14 meeting of the WHA Physician Leaders Council.

The Council discussed several ongoing advocacy efforts impacting WHA members' physician workforce and regulatory burden, including:

- WHA-proposed changes enacted in the state budget providing for sustainability and flexibility in the state graduate medical education grant program;
- A WHA proposal to the Wisconsin Medical Examining Board to establish licensure processing metrics and other changes to address medical licensure delays;
- WHA-developed legislation removing regulatory barriers in the Medicaid program that limit the provision of telehealth services;
- WHA-developed legislation to address delays in transitions of care and fulfill patient advanced directives by enabling advanced practice clinicians with sufficient education, training, and experience to activate advanced directives with a concurrence by a physician;
- WHA support for better aligning physician assistant supervision requirements under state law with CMS oversight requirements for physician assistants;

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Senate Committee Unanimously Backs WHA-Supported Telehealth Legislation

Vote clears the way for a vote in the full Senate

The State Senate Committee on Health and Human Services voted unanimously on Oct. 23 to advance [Senate Bill 380](#), telehealth modernization legislation supported by WHA. Prior to the vote, Sen. Dale Kooyenga (R-Brookfield), who authored the legislation, described how he believes it will lower health care costs by increasing competition among providers – a sentiment echoed in many studies which suggest telehealth can increase quality and reduce costs by allowing providers to treat patients more efficiently.

The [legislation](#) is the culmination of three years of work by WHA's Telemedicine Work Group, and includes the four following recommendations for how Wisconsin's Medicaid program should cover telehealth services:

- Reimburse telehealth the same as in-person care when the quality of the care provided is functionally equivalent.
- Catch up to Medicare in the number of telehealth-related services that are covered.
- Cover in-home or community telehealth services.
- Increase access to behavioral health via telehealth.

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EDUCATIONAL EVENTS

November 21, 2019

Preparing the Chargemaster for 2020

Wisconsin Dells

Monthly

Health Care Workforce Resilience
Free Member Webinar Series

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Senate Committee on Health and Human Services
Executive Session on SB 380

WHA sent out a HEAT alert in advance of the vote urging WHA grassroots members to contact their Senator in support of the bill.

With the bill out of the Senate Committee, attention turns to the Assembly Committee on Medicaid Reform and Oversight, which may vote on the [Assembly version](#) of this legislation as early as next week. After that, the Senate and Assembly are expected to be on the floor in early November, and WHA is urging leaders in the Assembly and Senate to schedule this important legislation for a vote as soon as possible.

Contact WHA Director of State and Federal Relations [Jon Hoelster](#) or WHA General Counsel [Matthew Stanford](#) with questions.

Assembly Health Committee Approves Physician Compact, Advance Directive Legislation

The State Assembly Committee on Health on Oct. 30 overwhelmingly approved two bills that are part of WHA's proactive health care agenda:

Interstate Medical Licensure Compact (Assembly Bill 70)

[Assembly Bill 70](#) eliminates a sunset clause in state law related to the Interstate Medical Licensure Compact (IMLC) that would have removed Wisconsin from the successful 29-state agreement. The IMLC allows physicians to apply for medical licenses in multiple states without having to resubmit the same basic information every time. Wisconsin was the first state to process a license through the IMLC process; physicians may still apply for an individual state license through the traditional method if they choose. WHA [testified](#) on the bill in July, urging the Committee to keep the IMLC process as a licensing option for physicians.

The bill has significant bipartisan support and is authored by State Assembly Reps. Nancy VanderMeer (R-Tomah) and Deb Kolste (D-Janesville) and State Sens. Patrick Testin (R-Stevens Point) and Patty Schachtner (D-Somerset). The Committee passed the bill on a unanimous 12-0 vote. Its companion bill, Senate Bill 74, passed the full Senate in June.

While making Wisconsin's participation in the IMLC more permanent, WHA is still hearing from members that certain professional license applications are suffering from long processing times – often to the point where a license is still pending after that applicant's start date. That prevents physicians and others from treating Wisconsin patients, harming access and increasing health care costs. WHA continues to share these concerns with state officials.

Fulfilling a Patient's Advance Directive Wishes (Assembly Bill 287)

[Assembly Bill 287](#) addresses a regulatory bottleneck on Wisconsin's health care workforce that is resulting in unnecessary delays in acting on a patient's advance directive wishes for treatment. The bill helps address these delays by recognizing the education and training of nurse practitioners and physician assistants to make the medical diagnoses necessary to activate the patient's written medical wishes. Under the bill a physician must still confirm the diagnosis.

WHA [strongly supported](#) AB 287 at the bill's public hearing Oct. 16. The committee approved the bill Oct. 30 on an overwhelmingly bipartisan 12-1 margin. The companion bill, Senate Bill 254, is awaiting a hearing in the Senate Committee on Health and Human Services.

WHA President and CEO Eric Borgerding praised the broad support for the two bills in [this press release](#), pointing out how both bills help fulfill WHA's workforce adequacy strategy. "WHA's two-pronged workforce strategy continues to emphasize both growing the number of providers in Wisconsin and also better utilizing our existing workforce by modernizing rules and regulations," Borgerding said. "Today's action also removes outdated regulatory barriers that will allow hospitals and health systems to better utilize our advanced practice clinicians in Wisconsin and allow them to increasingly practice at the top of their licenses."

Contact WHA Vice President of Workforce and Clinical Practice [Ann Zenk](#) (AB 70) or WHA General Counsel [Matthew Stanford](#) (AB 287) for more information.

WHA Back on Capitol Hill to Discuss Surprise Billing

WHA members also advocate for telehealth and Stark Law reform

WHA was back in Washington, D.C. on Oct. 29 to discuss federal legislation on surprise billing with Wisconsin's Congressional delegation. The group met with all nine of Wisconsin's Congressional offices and discussed upcoming telehealth reform legislation and a new proposed rule from CMS on Stark Law reform.

While [surprise billing](#) has been a hot topic since early summer, disagreement over the mechanism to end surprise billing disputes has slowed momentum for the legislation in recent months. Most of Wisconsin's Congressional delegation noted that while they support ending surprise medical bills, they understand WHA's concerns that using a benchmark rate as a mechanism to end surprise billing could have unintended consequences that could limit patient choices and create new challenges for hospitals with low revenue margins, particularly in rural areas.



WHA staff and members in Washington, D.C. L to R: Brad Wolters, Marshfield Clinic; Tony Curry, Advocate Aurora Health; Tiffany Huston, Door County Medical Center; Tim Size, Rural Wisconsin Health Cooperative; Jon Hoelter, WHA; Michelle Abey, Stoughton Hospital.



WHA staff and members meet with Rep. Ron Kind, third from left.



WHA staff and members meet with Sen. Ron Johnson, center.

U.S. Rep. Ron Kind gave WHA an overview of the prescription drug reform package the House Ways and Means Committee he serves on has been working hard on in order to bring more transparency to prescription drug pricing and lower prices for consumers. He said now that the committee has completed its work on that package, he expects they will turn their attention to surprise billing. He also noted there is still a wide disagreement over how to solve surprise billing and that could create challenges for the committee and Congress as a whole. In addition to Rep. Kind, most of Wisconsin's Congressional delegation mentioned they were uncertain whether there would be enough votes to pass surprise billing legislation before the end of the year. Many thought presidential impeachment talks in particular could slow down this and other legislation Congress has been considering.



WHA staff and members with Sen. Mark Pocan, center.

WHA members also discussed how their hospitals are increasingly turning to [telehealth](#) to deliver better patient care at lower costs. Michelle Abey of Stoughton Hospital noted how her hospital uses telehealth to help hospitalists work more efficiently. Rather than having one hospitalist present at all times to admit patients, telehealth allows that hospitalist to serve three hospitals. This has the twofold impact of helping alleviate the health care workforce shortage while also saving dollars in the health care system. Unfortunately, due to Medicare's outdated payment

structure, Stoughton Hospital does not receive Medicare reimbursement for any telehealth services as it is not in a rural health professional shortage area (HPSA).

Tiffany Huston of Door County Medical Center noted that while their hospital is in a rural HPSA and eligible for telehealth reimbursement, Medicare still will not pay for telehealth services delivered to a patient's home. This can be problematic for patients who are ready to be discharged but need follow-up care or assistance from a caregiver, as it often forces hospitals to keep patients at the hospital longer or forces patients to drive long distances back to the hospital for follow-up care. Medicare's

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policy of not reimbursing for home care ends up driving up costs in the health care system and inconveniencing patients in the process. The group provided these as examples of why Wisconsin's Congressional delegation should cosponsor upcoming WHA-supported telehealth reform legislation that will soon be introduced in the U.S. House and U.S. Senate.

WHA and its members thanked Wisconsin's Congressional delegation for its [support earlier this year](#) in urging the Centers for Medicare & Medicaid Services (CMS) to update the outdated physician self-referral or [Stark Law](#). Tony Curry of Advocate Aurora Health mentioned that while the changes appear to be a step in the right direction, ultimately Congress may need to update this law due to statutory barriers that persist.

WHA will continue to advocate on all these issues and will keep members updated as new developments happen. Contact [Jon Hoelter](#) for more information.

Federal Legislation Aims to Make it Easier for Rural Hospitals to Form ACOs

Bipartisan legislation would increase reimbursements for rural ACOs

U.S. Sens. Catherine Cortez Masto (D-Nev.) and Pat Roberts (R-Kan.) have introduced legislation aiming to spur more value-based payments for rural health care providers. Their legislation, introduced Oct. 22, would increase payments for rural Accountable Care Organizations (ACOs) by changing how the Centers for Medicare and Medicaid Services (CMS) formulates shared savings.

Per CMS, [ACOs](#) are groups of health care providers (including doctors, hospitals, and other providers) who voluntarily come together to give coordinated high-quality care to Medicare patients. ACOs share in the savings they create by providing more cost-effective health care as calculated by CMS. The current calculation includes the cost of an ACO's beneficiaries when comparing per-patient ACO spending to the overall spending of the region where an ACO is located. That means as an ACO reduces costs for its own beneficiaries, it also reduces the region's average cost, thereby deflating its potential shared savings. This is less problematic in urban areas with a high number of patients outside of an ACO compared to rural areas where a patient mix may be dominated by an ACO.

The Rural ACO Improvement Act introduced by Cortez Masto and Roberts would improve payments for ACOs by strictly comparing an ACO's per-patient cost to the non-ACO per-patient cost within its same region. While the change will benefit all ACOs, it is designed to particularly aid rural areas with a patient mix that has a high level of ACO participation.

With Wisconsin's long track record of nation-leading health care quality coupled with its below average Medicare reimbursement, WHA has long advocated for finding ways to allow Medicare to better reward Wisconsin providers for high-value, high-quality health care. WHA is currently analyzing this legislation to determine its impact on Wisconsin and encourages members to contact [Jon Hoelter](#) or WHA Vice President of Policy Development [Laura Rose](#) with any feedback or questions.

AHRQ Safety Program for Improving Surgical Care and Recovery Event

The Great Lakes Partners for Patients Hospital Improvement Innovation Network (GLPP HIIN), in partnership with the Agency for Healthcare Research & Quality (AHRQ), is currently inviting hospitals to participate in the Safety Program for Improving Surgical Care and Recovery (ISCR) Workshop. The event will be held Nov. 11, 2019, from 9 a.m. to 3:30 p.m. CST at the Illinois Health & Hospital Association in Naperville, IL.



The conference agenda has been finalized and is [now available](#). Participants will hear from speakers on a range of topics, including how to engage patient and families in ISCR pathways, a panel discussion with current ISCR participating hospitals and simulation exercises related to pathway implementation and overcoming common challenges.

Those interested in attending should bring a small team of two to three staff, including nurses, quality improvement specialists and surgeons to provide the best opportunity for brainstorming and interactive discussions throughout the day. For additional event information, please review the event flyer.

[Registration is free](#). You will need to create an account for the Michigan Health & Hospital Association Community website if you do not already have one.

We look forward to seeing you Nov. 11 in Naperville! Contact WHA Clinical Quality Improvement Advisor [Anne Allen](#) for more information.

Healthcare.gov Open Enrollment Period Nov. 1 Through Dec. 15

On Oct. 18, the [DHS/OCI Health Care Coverage Partnership Advisory Council](#) convened for a final strategy discussion before the fall open enrollment period begins. At the meeting, DHS announced the launch of the “Get Covered Wisconsin” awareness campaign at [GetCovered.WI.gov](#) to help Wisconsin residents better understand their health care options. The site has information for both enrollees and organizations that assist with health insurance enrollment. The latter can access resources in the [Partner Toolkit](#). Resources are available in both English and Spanish.

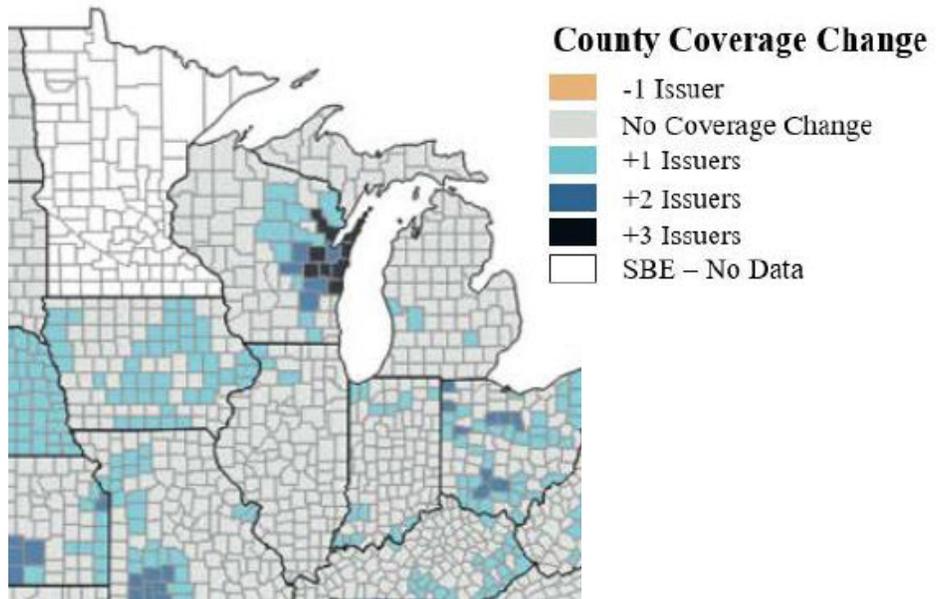
“Maximizing health insurance enrollment is a top priority for our members, and Wisconsin’s hospitals and health systems are key partners in this effort every fall,” said Eric Borgerding, WHA president and CEO. “WHA welcomes the strong, collaborative effort heading into this year’s enrollment period.”

Marketplace Premiums Drop for Key Demographic

On Oct. 22, the Centers for Medicare & Medicaid Services (CMS) released a [report](#) comparing 2020 marketplace premium rates and insurer participation across the country. Once again, Wisconsin compares favorably to other states and is experiencing positive developments in the exchange market.

The average cost of a “benchmark plan” for a Wisconsin 27-year-old will decrease 9% for 2020. Only six states will experience a larger decrease for this group.

Wisconsin is one of 15 states that will have more insurers participating in the exchange market in 2020, and one of 28 states that will have counties with more insurers.



As reported in [last week’s Valued Voice](#), this is the latest in a series of positive advances for the individual insurance market in Wisconsin. The optimistic recent trends are often attributed to the bipartisan [Wisconsin Healthcare Stability Plan](#) (WIHSP), which created a reinsurance pool to cover a portion of high-cost claims and has helped to stabilize the individual market. WHA was a leading supporter behind the enactment of the WIHSP.

“The evidence keeps building that Wisconsin found an effective way to strengthen our state’s marketplace,” said Eric Borgerding, WHA president and CEO. “This latest report is exciting news in terms of keeping the market affordable for younger populations and attracting insurers to Wisconsin.”

Open enrollment starts Nov. 1. An interactive map of health insurers available by county can be found [here](#).

For more information about this topic, contact WHA Vice President of Public Policy [Lisa Ellinger](#).

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MARCH 18, 2020

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- WHA’s opposition to legislation that would deviate from CMS requirements for nurse practitioners and remove physician collaboration requirements for nurse midwives that deliver babies outside of a hospital setting;
- WHA’s opposition to legislation that would create unnecessary, redundant and burdensome new hospital discharge planning requirements;
- WHA-proposed legislative amendments to provide enhanced criminal penalties for individuals that assault any health care worker; and
- WHA-developed legislation to continue Wisconsin’s participation in the Interstate Medical Licensure Compact.

Council members particularly noted the work on addressing violence against caregivers and WHA’s efforts to propose metrics and process-based reforms to address the increasing delays physicians and hospitals are experiencing in the processing of Wisconsin physician licensure applications.

Physician leaders also provided valuable insights and perspective regarding WHA’s past, current and future physician engagement efforts. WHA Chief Medical Officer Mark Kaufman, MD, highlighted some of WHA’s 2019 physician engagement efforts, including PLC membership growth, enhanced outreach to physician leaders throughout the state, work to reduce the EHR burden on caregivers including an ongoing collaboration with Epic, creating a Senior Physician Leaders track at the annual Kohler Physician Leadership Development Conference, and cosponsoring, with the Wisconsin Medical Society, a Health Care Workforce Resiliency monthly webinar series through the Duke University School of Medicine.

Going forward, PLC members endorsed four pillars for WHA’s physician engagement efforts:

1. Physician leader development
2. Education and learning
3. Physician Leaders Council evolution
4. Advocacy

More specifically, PLC members were enthusiastic about an enhanced focus on rural physician leaders, providing greater support for emerging physician leaders, and expanding efforts in the physician burnout and wellness space beyond the current and future work planned to reduce the EHR burden on physicians and other care team members. Physician leaders agreed that the planned update to WHA’s 2017 Physician and Engagement Toolkit should include a new section on “Maximizing Physician Wellness,” including a set of self-assessment questions and resources from the medical literature. Council members also discussed the opportunity to reduce redundant annual physician compliance training requirements when individual physicians care for patients at multiple hospitals and must take the same training at each hospital.

The PLC discussed and recommended some changes to its meeting format, including rotating at least one meeting outside of Madison, shortening the meeting length, and piloting a “learning session” in 2020.

Physician leaders interested in learning more about the WHA Physician Leaders Council should contact [Mark Kaufman, MD](#), at 608-843-6046.

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