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Richland Hospital’s Roesler, WHA’s Borgerding speak at telehealth ceremony

Governor Tony Evers recently signed into state law two legislative bills that were WHA priorities for the 2019-20 biennial session.



Governor Tony Evers shows the just-signed telehealth improvement act.

Telehealth Improvement (Senate Bill 380)

Gov. Evers approved [Senate Bill 380](#) at a bill-signing ceremony Nov. 25 at The Richland Hospital in Richland Center. Bruce Roesler, the hospital’s CEO, was invited to speak at the ceremony, which also included Wisconsin Department of Human Services Secretary-Designee Andrea Palm and WHA President and CEO Eric Borgerding.

“The bill Governor Evers is signing into law today brings more parity between in-person and telehealth-provided care and removes outdated barriers to delivering and receiving care through telehealth,” Borgerding said. “This is especially important for expanding access to critical areas of care like behavioral health, where the need for services is being increasingly understood and growing rapidly.”

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EDUCATIONAL EVENTS

December 4, 2019

CMS Hospital Improvement FINAL RULES
Webinar

December 10, 2019

Enhancing Resilience: Survival of the Kindest
Free Member Webinar Series

December 12, 2019

Discharge Planning: Compliance with the New CMS Hospital & CAH CoPs
Webinar

Announcing: 2020 Physician Leadership Development Conference

We are heading back to Kohler, WI for the 2020 Physician Leadership Development Conference March 13 and 14. Per past participant feedback, we have added more speakers and more topics to the event. You will not want to miss it!



Conference information, including registration information, can be found [here](#). Register and secure your hotel room today!!

Governor's Rx Drug Task Force Holds First Meeting

Governor Tony Evers' Task Force on Reducing Prescription Drug Prices met for the first time on Nov. 20 in Madison. Door County Medical Center CEO Brian Stephens, nominated by WHA, is a member of the task force.

The task force is charged with making recommendations for reducing prescription drug prices in Wisconsin and will gather and analyze information on the development, pricing, distribution and purchasing of prescription drugs. It will also analyze strategies to reduce prescription drug prices, and survey other states' initiatives that could be tested in Wisconsin.



Door County Medical Center CEO Brian Stephens, second from left, speaking at the first meeting of Gov. Tony Evers' prescription drug task force.

The meeting kicked off with video greetings from both Gov. Evers and U.S. Senator Tammy Baldwin. National Governor's Association staff and Jane Horvath of Horvath Health Policy delivered a primer on the prescription drug supply chain. They also identified challenges within the supply chain and described state and federal government attempts to gain control over rising prescription drug prices. Wisconsin Department of Justice Assistant Attorney General Duane Harlow updated the group on Wisconsin's involvement in multi-state antitrust lawsuits against certain drug manufacturers.

Task force members discussed several preliminary ideas that might help consumers struggling with the high cost of prescription drugs. Stephens described how drug discount programs available at Door County Medical Center can help patients but noted that he must allocate two staff within the clinic to help patients maneuver the programs' application processes. He said there is also a feeling that some of the discount programs may be prescription drug sample programs "in disguise" in order to try to get people reliant on name brand drugs in lieu of lower-cost generics.

The task force spent a great deal of time discussing the pros and cons of increasing regulation of pharmacy benefit managers (PBMs). An issue of concern with PBMs is a lack of transparency about rebates PBMs obtain as part of the negotiation process with manufacturers, and whether consumers and insurers are getting maximum benefits from PBMs. Also discussed was the 340B program, a discounted drug program used by certain disproportionate share hospitals and other entities, and how some state Departments of Corrections are starting to leverage this program for drugs used in correctional facilities. Several members of the task force stressed the importance of the 340B in expanding access to affordable prescription drugs. Anna Benton, the task force representative from the state's Department of Health Services, noted the impact of high-cost specialty drugs on the Medicaid budget. The task force generally acknowledged that in addition to examining rising prescription drug costs, it is necessary to look at health care costs overall, and that it is also important to look at the overall management of health conditions by methods other than prescription drugs.

Hospitals have a big stake in the task force's work. A recent study prepared for the American Hospital Association notes, among its many findings:

- Average total drug spending per hospital admission increased 18.5% between FYs 2015 and 2017.
- The growth in expenditures per hospital admission on inpatient drugs exceeded the Medicare reimbursement update five-fold during the study period.
- Hospitals experienced price increases in excess of 80% across different classes of drugs, including those for anesthetics, parenteral solutions, opioid agonists and chemotherapy.

The task force will meet monthly throughout 2020 at various locations around the state, with its next meeting scheduled for Jan. 22 in Milwaukee. Contact WHA Vice President of Policy Development [Laura Rose](#) or Director of Federal and State Relations [Jon Hoelter](#) for more information.



WHA Workforce Council Wrestles with Workplace Violence Prevention

Hospitals and health systems learn from each other and experts to protect the health care workforce

WHA's Council on Workforce Development devoted their entire Nov. 22 meeting to an assessment of workplace violence in their settings, and the strategies and resources Wisconsin hospitals and health systems are devoting to violence response and prevention.



Health Care Security Consultant Mike Cummings talks to WHA's Council on Workforce Development.

Council members invited safety and security experts to attend the meeting, and the group welcomed Mike Cummings, a health care security consultant, to set the stage for their discussion. Cummings discussed the four cornerstones of a violence prevention program: policies, procedures and practices, incident reporting, and communication and training.

Sixteen participants – from large urban hospitals, remote critical access facilities and everything in between – discussed recent trends in violence in their settings, including an increased intensity in physical and verbal violence and other settings, like obstetrics units and ambulatory clinics catching up to emergency rooms and psychiatric settings in the frequency of violence, or of narrowly averted violence (“near misses”).

The participants identified their biggest barriers to eliminating violence in health care:

- Complacency must be overcome; a culture shift is needed to acknowledge that physical and verbal violence is not okay, and that prevention can be effective.
- Training resources are needed; not just dollars, but expertise and methodology, especially for hospitals where employed security personnel are not feasible or recommended.
- Immediate barriers must be addressed while advocacy occurs to resolve underlying causes such as the opioid epidemic and lack of access to mental health resources.

The WHA Council on Workforce Development's assessment will be utilized to develop the resources that will be the most useful to WHA members as they continue to work on preventing violence in health care settings. Contact WHA Vice President of Workforce and Clinical Practice [Ann Zenk](#) for further information or to provide feedback on the Council's assessment.

Multi-state Quality Collaboration Effort Earns Federal Approval

The Centers for Medicare & Medicaid Services (CMS) has awarded Superior Health Quality Alliance its first task order, a five-year contract, to promote patient safety in Wisconsin and across the region. WHA is a founding member of Superior Health and will be involved with other partner organizations in the state and region to:

- Improve Behavioral Health Outcomes - Including Opioid Misuse
- Increase Patient Safety
- Increase Chronic Disease Self-Management
- Increase the Quality of Care Transitions
- Improve Nursing Home Quality



“This new era of quality improvement work follows the patient beyond the walls of the hospital and focuses on health care providers and consumers in a variety of populations, settings and circumstances,” said WHA President and CEO Eric Borgerding. “WHA welcomes the opportunity to contribute our proven history of successful collaboration and impactful results to benefit people across the state and the region.”

Specifically, Robert Redwood, MD – part of the quality team at WHA since 2016 – will provide subject-matter expertise related to opioid use and misuse in nursing home and community settings.

This is the first of three task orders that we expect CMS will award in the next six months.

“Collaboration with the state hospital associations from Illinois, Michigan and Minnesota on these federally-funded efforts is a wonderful opportunity for WHA and our interstate partners to lead the way on improving health care quality,” Borgerding said.

For more information about Superior Health, visit www.superiorhealthqa.org or contact WHA's quality team at 608-274-1820.

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Numerous studies, including Wisconsin’s own state employee health insurance program, have determined that creating access to care through telehealth is a cost-effective strategy for the state’s Medicaid program. The legislation is the culmination of three years of work by WHA’s Telemedicine Work Group, and includes provisions implementing the work group’s four recommendations for the state’s Medicaid program:

- Cover 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 covered telehealth-related services.
- Cover in-home or community telehealth services.
- Increase access to behavioral health via telehealth.



WHA President/CEO Eric Borgerding speaks at the Senate Bill 380 bill-signing ceremony Nov. 25.

The bill enjoyed widespread, bipartisan support – more than 60 state legislators signed on as supporters of the bill, which saw unanimous approval during State Assembly and State Senate floor sessions. Borgerding thanked Gov. Evers, DHS Secretary-designee Palm, State Sens. Dale Kooyenga and Janet Bewley, State Assembly Reps. Amy Loudenbeck and Deb Kolste and legislators for coming together to pass and enact this important legislation.

“This is a great example of bipartisanship, working across the aisle to address the needs of Wisconsin,” Borgerding said. “WHA is extremely proud to be a part of this type of legislation, which bridges political divides and for the purpose of improving care – a priority for everyone.”

In his remarks, Borgerding also singled out the work of the WHA lobbying and advocacy team, which he called “second-to-none” in Wisconsin, and also thanked the members of WHA’s telehealth task force for their work in crafting this hallmark legislation.

See WHA’s public statement [here](#).

Look for an announcement soon in *The Valued Voice* regarding more detailed education from WHA regarding the new law, officially enacted as [2019 Act 56](#). Contact WHA Vice President of Policy Development [Laura Rose](#) or WHA General Counsel [Matthew Stanford](#) for additional information about 2019 Act 56.



Gov. Tony Evers signs Senate Bill 74 into law.

Interstate Medical Licensure Compact (Senate Bill 74)

Gov. Evers signed a bill Nov. 22 at Prescott High School ensuring that Wisconsin will remain a member of the Interstate Medical Licensure Compact (IMLC), a 29-state agreement that allows a less-cumbersome path for physicians wishing to hold medical licenses in multiple states.

A sunset clause in state statutes would have automatically removed Wisconsin from the IMLC absent proactive legislative action – a condition that was necessary to ensure passage during the 2015-16 legislative session. This session’s legislation, [Senate Bill 74](#), eliminates the sunset clause from the lawbooks, ensuring Wisconsin health care can continue to benefit from the successful licensing process.

“The compact has proven to be a useful option that can make Wisconsin’s medical licensing process more efficient,” Borgerding said in [this press release](#) praising the bill signing. “So we thank Governor Evers and the entire state Legislature for supporting the new law.

“We’re grateful to see so much bipartisan support in a priority area for WHA: easing the administrative burden for health care professionals,” Borgerding said, highlighting another WHA-promoted bill with enormous bipartisan support.

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