

December 17, 2019

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### EDUCATIONAL EVENTS

**January 16, 2020**  
*Accountability Within Your Organization*  
 Webinar

**March 13 & 14, 2019**  
*Physician Leadership Development Conference*  
 Kohler, WI

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### WHA Physician Leaders Council Tackles Myriad Issues

*CEO survey results on physician leadership, WHA advocacy successes, medical-dental integration and establishing a rural physician leader roundtable are among the many topics discussed*

Mark Kaufman, MD, WHA chief medical officer, presented the results of WHA's recent CEO survey on physician leadership. This survey complements WHA's 2018 CMO survey. The survey purpose is to better understand the CEO perspective on physician leadership and to guide WHA's future educational initiatives. In general, there was a great deal of congruence between the two surveys but also some differences.

#### With respect to the three greatest challenges that physician leaders face:

CEO response:

1. Adequate time to do the work
2. Physician burnout
3. Leadership skills and training

CMO response:

1. Physician engagement
2. Physician burnout, especially the EHR burden
3. Disruptive physicians

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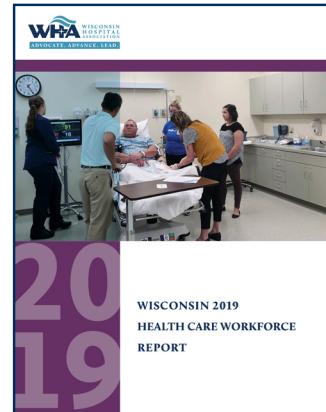
### WHA Workforce Report Highlights "Silver Tsunami" in Health Care Workforce, Patient Mix

*Also includes recommendations to help combat troubling demographic trends*

Sounding the alarm on an aging patient population and shrinking health care workforce, WHA on Dec. 2 released the [Wisconsin 2019 Health Care Workforce Report](#). The annual report has the latest facts and data showing the continuation of concerning demographic, employment and regulatory trends in Wisconsin while suggesting potential remedies to help combat our state's "Silver Tsunami."

Among the major challenges identified in this year's report:

- The escalating demands of an aging population – *the population over age 75 will increase by 75% from 2017-2032, increasing the number of those requiring more intensive health care.*
- Increased competition over a shrinking workforce – *the population under age 18 will grow by only 3.5% from 2017-2032.*
- A rapidly changing environment – *hospitals have moved from paper to electronic health records in just a decade, and 75% of hospitals now provide access through telemedicine. With rapid technology changes come challenges.*



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## **(WHA Workforce Report Highlights “Silver Tsunami” in Health Care Workforce, Patient Mix . . . continued from page 1)**

- Increased regulatory demand – *meeting regulatory demands requires 59 FTEs for an average-sized hospital; physicians and advanced practice clinicians devote more time to the electronic health record than they do face-to-face with patients.*

The report includes recommendations for health care leaders, educators and policymakers to consider while reviewing WHA’s report: strategically-targeted workforce recruitment and retention, leveraging team-based health care delivery, wise use of technology and keeping a wary eye on regulatory burdens – those already on the books as well as new regulations that are proposed.

Key among the recommendations: state and federal policymakers must weigh any proposed regulation against the expected benefit. Even regulations proposed for a seemingly-positive purpose can instead hinder hospital and health system efforts that reflect the unique needs of their communities. Wisconsin’s health care system has evolved throughout the state via different strategies – and usually in ways that are not the result of “one size fits all” regulations.

Contact WHA Vice President of Workforce and Clinical Practice [Ann Zenk](#) for more information.

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## **WHA Transparency Task Force: Best Practices and Recommendations for Policymakers**

The WHA Transparency Task Force (TTF) convened for its final meeting Dec. 5 to discuss its forthcoming report on price transparency best practices and recommendations for policymakers.



WHA Director of Federal & State Relations Jon Hoelter provided an update on transparency initiatives from Congress and the Trump administration. Hoelter gave a summary of the final [transparency rule](#) requiring hospitals to post a “machine readable” file containing all privately-negotiated health insurance contract rates. While the final rule gives hospitals an extra year for implementation, going into effect Jan. 1, 2021, it also will require hospitals to post the deidentified minimum and maximum rates they negotiate, as well as cash-discounted rates.

A [lawsuit](#) was recently filed by hospital groups, led by the American Hospital Association, challenging the Trump administration’s authority to require the disclosure of proprietary rates, making the final implementation of the rule uncertain. In Congress, lawmakers may try to attach provisions to end surprise medical billing to a spending package that must pass by Dec. 20 in order to avoid a government shutdown. WHA will continue to engage with lawmakers to stress the importance of avoiding a mechanism that mandates government-set rates to end surprise billing.

WHA Senior VP of Finance and Chief Operating Officer Brian Potter and WHA Information Center (WHAIC) VP Jennifer Mueller presented the final version of the new “Charge Analyzer” tool to the TTF. Beginning Jan. 1, 2019, the federal government required hospitals to post “standard charges” on hospital websites in a machine-readable format. Given the broad scope of services provided by hospitals, a chargemaster contains thousands of services and charges. WHA and the WHAIC wanted to develop a user-friendly tool that would allow hospitals a systematic way to analyze these charges.

Powered by Tableau, the WHA Charge Analyzer guides the staff user by “drilling down” from service line selection to individual charge analysis. Line item charges can be compared to a self-selected peer or peer group. There are additional data in the tool that help put the charges into context, including information on volumes, average age of the patient, payor mix and percent variance from peer or peer group. Another option within the tool is to create an Excel file extract of charges at the code level for those who are more comfortable with a data download. Using the WHA Charge Analyzer, member hospitals can have a better understanding of how their charges compare to peers and where outliers, both high and low, exist. This will help hospitals target areas for further charge analysis and will help hospitals better explain their charges should they receive a patient or media inquiry. The WHA Charge Analyzer can be used for both inpatient- and outpatient-related charges.

The TTF also reviewed the WHA Transparency Task Force Report, which documents the leading-edge initiatives underway in Wisconsin, and provides recommendations for policymakers as they consider proposals related to surprise billing and price transparency.

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## **(WHA Transparency Task Force: Best Practices and Recommendations for Policymakers . . . continued from page 2)**

The report highlights WHA member support for efforts to improve the patient experience through transparency, and the fact that WHA and its members are leading the way to provide patient-friendly tools and information, and intervene to resolve issues when necessary. The WHA TTF report recommends the following priorities as policymakers debate these issues:

- Put patients first, and focus on solutions that provide useful information to patients
- Work with all stakeholders to achieve consensus-driven solutions
- Reject provisions to establish government-set benchmark rates
- Leverage and encourage the ongoing movement toward transparency with incentives
- Respect the innovation of industry leaders and reject one-size-fits-all mandates
- Reject new mandates that would be burdensome, likely lack legal authority, and could even be counterproductive to the goals it sets out to achieve
- Consider which stakeholder groups are best positioned with access to information when developing requirements

The report was shared with the WHA Board at its Dec. 12 meeting, and will be submitted for formal approval by the Board in 2020.

For more information on this topic, contact WHA Director of Federal & State Relations [Jon Hoelter](#).

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## **WHA Cautions Congress Against Wrong Surprise Billing Fix**

WHA's board officers along with its Transparency Task Force Chair sent a [letter](#) to Wisconsin's Congressional delegation Dec. 12 asking them to oppose attaching the wrong surprise billing fix to any end-of-year spending package.

While some leaders of the U.S. House Energy & Commerce and Senate Health, Education, Labor, and Pensions Committees recently announced an apparent deal to move forward on surprise billing legislation, the letter requested they remove two provisions that are unnecessary and would harm patients and providers. Most controversial is the proposal that providers accept a government-set benchmark payment (an undefined, local median in-network rate) for any potential surprise bills under \$750. As the Congressional Budget Office has confirmed, this proposal would essentially create a fee schedule for services under that threshold in the commercial sector, while also moving more providers out of network.

Additionally, WHA's leaders requested Congress also remove a contracting mandate that would make providers unable to prevent health insurers from cherry-picking services or providers under contract terms. While insurers have billed these practices as anti-competitive, in reality this mandate would tip the scales in favor of the insurance industry and could threaten the viability of some providers, particularly in rural areas. It could also lead to patients driving longer distances to seek care by making it easier for insurers to steer patients to certain providers.

WHA also sent out a HEAT alert urging WHA members to contact their federal lawmakers warning against these two harmful provisions. Congress needs to pass a spending bill to fund the government by Dec. 20, and some Congressional leaders have been pushing to attach a surprise billing package to that spending plan.

On Dec. 11, the House Ways and Means Committee also announced they were working on a surprise billing package that would focus more on arbitration – an approach WHA and provider groups have supported. While details have not yet been released, the lack of agreement on this issue will likely make it harder for Congress to pass something on surprise billing before year's end.

WHA will continue to closely monitor this issue and advocate for a solution that protects patients without harmful consequences for Wisconsin's health care system.



## WHA Responds to Ways & Means Rural and Underserved Task Force Info Request

The Wisconsin Hospital Association responded to a recent request from the U.S. House Ways and Means Committee Rural and Underserved Communities Health Task Force [Request For Information](#), recommending Congress explore ways to partner with hospitals and health systems on areas important to providing care.

In its [letter to the task force](#), WHA recommended needed improvements in the following areas:

- Addressing Workforce Shortages
- Patient Volume Adequacy in Rural Areas
- Quality Initiatives
- Social Determinants of Health
- Telehealth
- Post-Acute Care
- Behavioral Health
- Unnecessary Regulations

WHA recommended Congress consider adjusting or removing the federal cap supporting funding for graduate medical education to help reduce health care workforce shortages. Congress should also consider removing Medicare's site restrictions on reimbursing for telehealth to relieve workforce shortages, as a recent [workforce report](#) released by WHA finds that we are not likely to be able to train enough physicians to keep pace with projected upcoming demand as the baby-boom generation continues to retire (see story on page 1). This demographic issue also impacts hospitals' revenue in terms of having an adequate volume of commercial patients to offset the growing number of Medicare patients hospitals care for while being reimbursed at levels below the cost of providing care. This can also be particularly challenging to hospitals serving a high number of Medicaid patients, such as inpatient psychiatric units that serve very few private-pay patients.

WHA also noted the work of the Superior Health Quality Alliance (SHQA) and CMS' important efforts to support initiatives to help hospitals improve quality of care. As hospitals and public health agencies collect better data and better understand how social determinants of health impact patient outcomes, this gives policymakers more opportunities to support efforts to improve the overall quality of health care.

Lastly, WHA recommended the committee explore unnecessary regulations that restrict hospitals' and health systems' ability to provide more telehealth services, prevent hospitals from being able to offer proper post-acute and long-term-care services, or hamper efforts to more efficiently utilize a hospital's space by sharing it with other non-hospital providers.

WHA looks forward to working with policymakers on the Ways and Means task force to advance these areas of reform that WHA and its members have long supported. For more information, contact WHA Director of Federal & State Relations [Jon Hoelter](#).

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### (WHA Physician Leaders Council Tackles Myriad Issues . . . continued from page 1)

**With respect to what single issue is most likely to keep you up at night:**

**CEO response:**

1. Physician leader burnout and retention
2. Physician leadership skills
3. Succession planning

**CMO response:**

- Recruitment, physician workforce supply
- Quality and patient safety
- Physician engagement
- Disruptive physicians



WHA's Physician Leaders Council Meeting, Dec. 11, 2019.

Not surprisingly, the Physician Leaders

Council discussion on this topic was lively. WHA will use this information to help shape our physician leader focused initiatives going forward.

Matthew Stanford, WHA general counsel, reviewed recent WHA advocacy wins for its member organizations and physicians including the final Wisconsin state budget that resulted in a \$49 million increase (73%) in Disproportionate Share Hospital

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#### **(WHA Physician Leaders Council Weighs in on a Myriad of Issues . . . continued from page 4)**

(DSH) payments, a \$4.9 million increase (800%) in Rural Critical Care (RCC) hospital payments, a 33% increase in Medicaid reimbursement to psychiatrists and APNP-psych nurses, and \$70 million for the insurance market stability program. Other advocacy highlights included reauthorization of the Interstate Medical Licensure Compact and passage of a comprehensive Medicaid telehealth reform package. Dr. Steve Kulick, chair of the Physician Leaders Council, characterized the telehealth bill as a “huge win” and pointed out that telehealth reform was a major focus of WHA’s Advocacy Day in 2018. Dr. Kulick added: “The passage of the telehealth package exemplifies the positive impact that WHA Advocacy Day participants can have on legislative outcomes that will benefit our patients.”

Other significant issues discussed at the Dec. 11 Physician Leaders Council meeting included:

- Finalization of a 2019 update to the WHA Physician Engagement and Retention Toolkit. The Toolkit now includes a section on physician wellness, links to a recent Mayo publication identifying nine organizational strategies to reduce physician burnout, and a new report from the National Academy of Medicine that focuses on a systems approach to address clinician burnout.
- Representatives from the Children’s Health Alliance presented an integrated dental hygienist model in which dental hygienists function as part of the primary care team, providing preventive care within the medical clinic setting, particularly for young children not yet enrolled in school. This sparked a lot of interest and discussion among PLC members.
- The Physician Leaders Council continues its discussion and work regarding how to reduce the burden of redundant annual compliance training for physicians who care for patients at multiple hospitals.
- The launch of WHA’s Rural Physician Leader Roundtable that will debut in 2020 in collaboration with the Rural Wisconsin Health Cooperative (RWHC).
- WHA’s 2019 Health Care Workforce Report.
- WHA’s upcoming Physician Leader Development Conference on March 13 and 14.
- WHA’s 2020 Advocacy Day on March 18.

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