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Physician Engagement is Focus of 2019 WHA Physician Leader Conference

Registration is still open for the March 15/16 event at the American Club in Kohler

There's still time to identify an up-and-coming physician leader from your organization and invite him or her to the annual WHA Physician Leadership Development Conference at The American Club in Kohler. This year's conference will be held March 15-16, and [registration is still open](#).



This year's agenda will focus on strategies to gain physician buy-in for change, to successfully communicate organizational vision and goals, to build trust and confidence among stakeholders, and to identify group dynamics and engage staff in decision making.

Sessions in the traditional physician leadership development track will be presented by Stephen Beeson, MD, and Michael Guthrie, MD, both nationally recognized faculty from the American Association for Physician Leadership (AAPL). Both will discuss important and practical leadership skills that help physician leaders move beyond their clinical training and take a new approach to managerial decision making and problem solving.

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WHA Board Approves 2019 Goals, Discusses Quality Initiatives, and Learns More About Upcoming Budget Session from Rep. Nygren

WHA's new Board Chair, Damond Boatwright, SSM Health Care of Wisconsin's Regional President of Operations, kicked off the first board meeting of 2019 by thanking his predecessor, Bob Van Meeteren, President of the Reedsburg Area Medical Center.



At table, L to R: WHA President/CEO Eric Borgerding; WHA 2019 Board Chair Damond Boatwright; Daniel Meyer, President, Aurora BayCare Medical Center; Cathy Jacobson, President/CEO, Froedtert Health; John Russell, President/CEO Columbus Community Hospital; Kathryn Woodward, Administrative Fellow, SSM Health Wisconsin, Inc.

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EDUCATIONAL EVENTS

Throughout 2019
 Health Care Workforce Resilience
 Free Member Webinar Series

March 15, 2019
 Physician Leadership
 Development Conference
 Kohler, WI

April 17, 2019
 Advocacy Day
 Madison, WI

Over the past 13 years, WHA has hosted nearly 2,000 physician leaders at the annual WHA Physician Leadership Development Conference, to assist members in providing the necessary education to new physician leaders and those identified as having leadership potential. Make sure your new physician leaders have the opportunity to attend by [registering them today](#).

High Retention Rate Grows Rural Physicians for Wisconsin WARM program admits 26 more future physicians

Wisconsin Hospital Association's (WHA's) 2011 report "[100 New Physicians: An Imperative for Wisconsin](#)" identified current and impending physician workforce shortages, and Wisconsin took action, expanding medical school enrollments for students with ties to Wisconsin, and creating and expanding Wisconsin graduate medical education (GME) opportunities.

Programs at both of Wisconsin's medical schools target an area of great need, rural medicine. The Medical College of Wisconsin (MCW), opened two new campuses to create more opportunities for Wisconsin students, and the University of Wisconsin School of Medicine and Public Health (UWSMPH), has gradually increased the class size of their program, the Wisconsin Academy of Rural Medicine (WARM), since its inception in 2007.

"Wisconsin's aging physician workforce and aging patient population create challenges for the state's health care delivery system. Data shows Wisconsin needs up to 4,000 additional physicians by 2035," according to Mark Kaufman, MD, WHA Chief Medical Officer. "Programs like WARM help to successfully target growth to underserved areas and in primary care where there is the greatest need."

The WARM program has grown to a class size of 26 students. The 2018 class includes a large contingent of students from Wisconsin, but also is represented by two students from Illinois, one from Michigan and one from Minnesota.

In the rural medicine program, students complete their first 18 months of medical school in Madison at the School of Medicine and Public Health. They will spend the remaining years of medical school at Aurora BayCare in Green Bay, Gundersen Health System in La Crosse and Marshfield Clinic in Marshfield, and are provided clinical training within their networks of rural hospitals and clinics.

Students also participate in regular core days at their sites to focus on a specific topic from a rural perspective and complete a community health project. Past project topics have included farm-to-table programs, concussion awareness for youth athletes, rural drug and alcohol abuse, health literacy and community disaster drills.

The WARM program is succeeding in building Wisconsin's rural physician workforce. Admission is limited to applicants who are legal residents of Wisconsin, Michigan, Minnesota, Illinois or Iowa. To date, more than 150 students have graduated from the program, and 89 percent of those graduating from residencies are practicing in Wisconsin. Thirty-five percent of graduates returned to their hometowns to practice medicine, according to Alison Klein, Wisconsin Academy for Rural Medicine outreach specialist.

This high rate of retention does not just happen, according to Dr. Kaufman. "We know if a student growing up in Wisconsin attends a Wisconsin medical school and completes a residency here, there is an 86 percent chance that physician will practice in Wisconsin."



Wisconsin medical schools are increasing enrollments and targeting areas of greatest need, and WHA-championed graduate medical education (GME) grant programs administrated by the Department of Health Services (DHS) are creating new residency opportunities in Wisconsin.

WHA CEO Eric Borgerding is encouraged by the track record WARM is building. "We've struck the right path, and it is shaping up to be a successful public-private model," said Borgerding. "With 89% of WARM physicians practicing in Wisconsin, WARM is exceeding the 86% equation. Well done! Now we need to keep building on this success."

Quality Health Care in WI Can Boost State's Ability to Attract Business, Workers

By Eric Borgerding, President/CEO, WHA and Tom Still, President, Wisconsin Technology Council

If you were asked to name Wisconsin's largest economic sectors, how would you answer? You might respond manufacturing, agriculture, tourism and even technology—and you would be correct about all four.

What might not make your short list—even if the facts strongly suggest it should—is health care. From its largest health systems to its smallest hospitals and clinics, from its myriad suppliers to its many contractors and research partners, and from its skilled nursing facilities to its trusted rural physicians, health care is one of Wisconsin's biggest industries.



Given the state's shared borders with four neighbors and Wisconsin's national reputation for health care quality, health care is also something of an "export" industry, attracting people from elsewhere and serving as a reinforcing factor in some relocation decisions.

And yet, the story of health care's contribution to the economic fabric of Wisconsin isn't always well documented. Or, it is clouded by understandable concerns about cost and access—not unlike similar debates in other states.

Balancing that narrative while working toward more innovation and transparency in health care is a major reason why the Wisconsin Hospital Association and the Wisconsin Technology Council have joined with others to create the Wisconsin Healthcare Business Forum (WHBF).

The WHBF will serve two seemingly different but ultimately related purposes. First, the WHBF will convene around and promote Wisconsin's consistently high-quality care, with a focus on how employers and providers can partner to leverage good health care for mutual benefit.

Federal rankings help to tell the quality story: Wisconsin has ranked among the nation's top four states in health care quality in 10 of the past 11 years in which the Agency for Healthcare Research and Quality conducted a 200-category survey. It was No. 1 in three of those years and No. 2 in four others.

We know that high-quality care, including preventing costlier care, translates into positive direct and indirect effects on the workforce. It helps to keep workers healthy, on the job and productive. Bending the health care cost curve is a challenge for health-care consumers, employers and providers, but there is plenty of proof that working together can have an effect.

The second key role of the WHBF is to facilitate interaction among the emerging Wisconsin health-care tech sector and Wisconsin's health systems and providers. In other words, bringing the creators of health care technology together with the users of that technology ... and connecting the so-called "disruptors" with the "disrupted."

Creating the technological means by which health care is delivered is a broad and growing sector in Wisconsin, yet it is often overshadowed by more long-standing and traditional components of our economy. In its broadest sense, health care is not only a growing sector, but it is among the most forward-looking segments of the Wisconsin economy.

Wisconsin's population is living longer, which creates consistent and growing demand for health care services. Growing demand coupled with innovative health-care providers and the imperative to deliver care more efficiently and effectively is what is compelling health-care innovation and investment in Wisconsin.

Year in and year out, the majority of angel and venture capital invested in young Wisconsin companies is in health care. Wisconsin has what it takes to keep attracting this type of investment in health care – innovative local and regional health care systems, leading academic medical centers, strong research universities and a talent pool looking for reasons to stay in Wisconsin.

Health care delivery is already among Wisconsin's largest employers. There are 15,000 physicians and 90,000 registered and licensed practical nurses working statewide, to cite just two categories. That's good news, but for years Wisconsin has been grappling with "brain drain," raising and educating our best and brightest young people only to see many leave Wisconsin for opportunities elsewhere.

Given health care's dynamic future, it can help retain and attract the creative entrepreneurs, the talent and intellectual capital Wisconsin so desperately needs to compete in the 21st century. Like our schools, natural resources and quality of life, health care can be a magnet.

The goal of the Wisconsin Healthcare Business Forum is to not only recognize but to realize the tremendous potential health care holds for Wisconsin. We will do that by convening, connecting and promoting the larger Wisconsin health care sector to make it a visible component of Wisconsin's economic future.

Lawmakers Release WHA-Backed Legislation to Extend Physician Licensure Compact Compact has helped expedite licensure for physicians and improve access for patients

A group of Wisconsin lawmakers released a WHA-backed piece of legislation today that would ensure Wisconsin maintains its participation in the Interstate Medical Licensure Compact. The Compact was first enacted in 2015, signed into law as Act 116 by Governor Scott Walker at Mayo Clinic Health System-Franciscan Healthcare in Sparta and Burnett Medical Center in Grantsburg, and has provided an expedited licensure process for physicians practicing in Wisconsin and 24 other states.

As part of 2015 Wisconsin Act 116, lawmakers required a mandatory “sunset” of the law to ensure the Legislature would proactively review the Compact’s efficacy in Wisconsin. According to the group of four lawmakers authoring this legislation, “The goal of this sunset was not to terminate Wisconsin’s participation, but to review the benefits and reevaluate the need to continue Wisconsin’s participation in this interstate agreement.”

The bipartisan group of four lawmakers, including Rep. Nancy VanderMeer (R-Tomah), Rep. Deb Kolste (D-Janesville), Sen. Patrick Testin (R-Stevens Point) and Sen. Patty Schachtner (D-Somerset), wrote to colleagues today requesting that lawmakers support their proposal. The legislators agreed the Compact has helped to expedite licensure for physicians and improve access for patients in need of services in Wisconsin.

“After reviewing the benefits provided to physicians and patients in our communities through the Compact, we strongly believe that patients across Wisconsin have benefitted from the physicians who have been licensed through this Compact process. We are authoring LRB 1122 & LRB 1831 because we believe it is critical to health care access that we maintain Wisconsin’s participation in the Interstate Medical Licensure Compact,” said the lawmakers in a memo to legislative colleagues requesting their support of the bill.

In April 2017, Wisconsin’s Department of Safety and Professional Services (DSPS) became the first licensing agency in the nation to process a Compact license. Since then, nearly 400 physicians residing in other states have used the Compact process to become licensed and serve patients in Wisconsin.

For more information about the Interstate Medical Licensure Compact or the Medical Licensure Compact Reauthorization Act, contact [Kyle O’Brien](#) or [Ann Zenk](#). If you want to contact your state representative or state senator to encourage them to sign on as co-sponsors of the bill, contact [Kari Hofer](#) for assistance.

WHA Board Approves 2019 Goals, Discusses Quality Initiatives, and Learns More About Upcoming Budget Session from Rep. Nygren . . . Continued from page 1

Boatwright also expressed his thoughts on his new role as chair.

“We are guaranteed wonderful quality and great outcomes due to representation in our room—both WHA staff and the colleagues around this table,” said Boatwright. “I am humbled and honored to be in this seat today.”

Stephen F. Brenton Health Policy Scholar Award

The Board then welcomed guest Emily Hoffmann Capodarco, who is the 2018 Stephen F. Brenton Health Policy Scholar Award recipient. The endowed \$8,000/year scholarship was created by WHA, in conjunction with the UW Foundation, to honor former WHA President and CEO Steve Brenton by helping prepare the next generation of Wisconsin health care leaders. Hoffmann Capodarco is double majoring in law and public affairs at UW-Madison. She said she is drawn to the dual track of policy and law because it is fascinating to look at the health care industry from both sides.

Hoffmann Capodarco thanked WHA and the Board for its support, noting that both her parents were physicians, so she appreciates how health care plays a crucial role in the community.

“We respect and care for our communities. Health is interrelated to all other aspects of life—it’s a crucial foundation and springboard for everything else in our lives,” said Hoffmann Capodarco.



WHA Identifies 2019 Goals and Priorities

As part of the President’s Report, Borgerding shared a comprehensive list of strategic goals for WHA and the WHA Information Center in 2019, which build upon the success and progress WHA achieved in 2018.

“Our 2019 agenda is typically robust, informed by the board and our members and capitalizes on the talent and knowledge our excellent team brings to the table,” Borgerding said. “Our annual goals focus on perennial priorities while also evolving with the

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dynamic health care environment. We are guided by member needs and priorities, and in doing so, WHA continues to expand its scope, relevance and impact. Developing, and then achieving, our agenda is what makes WHA one of Wisconsin's most impactful advocacy organizations while consistently delivering value to our members."

Key areas covered in WHA's 2019 goals include:

- Medicaid funding, reimbursement and access to services;
- Coverage expansion and insurance market stability;
- Reforming and improving behavioral health;
- Expanding engagement with WHA member physician leaders;
- Health care workforce - growth and regulatory reform;
- Clinical performance improvement;
- Telemedicine services;
- Post-Acute Care ;
- Dental Access;
- Health IT and Emerging Technologies; and,
- Information, Analytics and Transparency.

Boatwright observed, "WHA's consistent framework is tried and true. It is enhanced with more physician engagement, is more comprehensive and robust, and is updated to reflect key issues."

Senior Vice President of Finance and COO Brian Potter wrapped up the President's Report by presenting 2018's year-end financials. WHA has strong, stable finances and diversified revenue streams, which keep member dues low.

State Advocacy Report

Borgerding then led an engaged discussion about the upcoming state legislative session, including Medicaid expansion and the state budget. Board members were briefed on the status of Medicaid today in Wisconsin, including current coverage, the projected \$300 million funding surplus in the Medicaid program and the nearly \$1.2 billion in unreimbursed hospital care that must be shifted to families and businesses. Borgerding said the debate over Medicaid expansion will revolve around money, including interest from those that want to spend hundreds of millions in Medicaid dollars on things that have nothing to do with health care, even as the program continues shifting costs to those with private insurance. Expanding and changing coverage for thousands of people who would become newly eligible for Medicaid will also be a focal point of the debate. Of the 76,000 people who would go onto Medicaid under expansion, it is estimated that 30,000 are uninsured. Another 38,000 who currently have subsidized private insurance through the ACA marketplace and 8,000 who have insurance through their employer would be moved onto Medicaid.



WHA Board Meeting - February 14, 2019

"Because of historically poor Medicaid reimbursement, cost-shifting and our already low uninsured rate and the fact that we have so many people in the expansion population already covered by private insurance, the discussion about Medicaid expansion in Wisconsin will be much different, more complicated, than it's probably been in any other state," Borgerding said. "Preserving Wisconsin's coverage gains and finding ways to connect coverage to the roughly five percent of Wisconsinites that remain uninsured is a priority for WHA, and we look forward to working with policymakers to get there in a way that does not shift more costs to or increase insurance premiums for employers and families."

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WHA Quality Improvement Initiatives

During the WHA Board Meeting, WHA Chief Quality Officer Beth Dibbert provided results from the past 26 months of quality improvement work with the Great Lakes Partners for Patients Hospital Improvement Innovation Network (HIIN). Since the beginning of the HIIN collaboration, hospitals have:

- Reduced knee surgery site infections by 34%;
- Reduced opioid-related adverse drug events by 31%; and,
- Reduced ventilator-associated complications by 29%.

Dibbert also reported that more than 97% of HIIN hospitals are now including patients when staff have change-of-shift bedside reporting.

“Engaging patients and families as an active part of the care team will be a focus of continued work for hospitals,” Dibbert said. “Effective communication is critical to healing, preventing unplanning readmissions, and overall patient and provider satisfaction.”



WHA Chief Quality Officer Beth Dibbert

The Board was informed of the impending refresh of hospital overall star ratings on Hospital Compare, as well as the publication of the hospitals that will face penalties under CMS’ Hospital-Acquired Conditions (HAC) penalty program. Wisconsin has traditionally out-performed most other states in these programs, and we predict this trend will continue.

State Representative John Nygren Shares State Budget Perspectives

Rep. John Nygren, Assembly Co-chair of the budget-writing Joint Finance Committee (JFC), visited the WHA Board to share his viewpoints on Wisconsin’s upcoming budget session. In introducing Nygren, Borgerding noted that the representative has been an incredible partner of WHA, especially in the opioid, Prescription Drug Monitoring Program, and Medicaid Disproportionate Share Hospital funding arenas.

Born in Marinette and a third generation (former) insurance agent, Rep. Nygren is well-versed in the health care industry and the issues that lie ahead in the next biennial budget. Rep. Nygren spoke to the overall financial health of the state, which is projecting to have nearly \$2.4 billion in additional revenue for the 2019-21 biennium.



Rep. John Nygren

While being co-chair of the JFC in split government is new to Nygren, the representative said he hopes for bipartisanship in the months ahead and spoke about several of his goals during the budget session.



Rep. John Nygren (second from left) at WHA's Board Meeting

“We have significantly reduced our uninsured rate in Wisconsin, which leads to a healthier state overall, and we must protect those coverage gains,” Nygren said. “It’s estimated that expanding Medicaid will reduce Wisconsin’s uninsured rate by less than one percent, so we have to weigh the benefit against the cost and other impacts. I will be focusing on keeping the insurance market stable and avoiding cost shifts to Wisconsin hospitals or the taxpayers as discussions about access and coverage ensue in the months ahead.”

Rep. Nygren commended WHA for utilizing effective advocacy strategies that make it easier to support hospital and health system initiatives. While some advocacy organizations only work

with legislative leadership, Nygren said WHA keeps all legislators informed about the impact of proposed policies on patients, hospitals, and providers. He stated this “bottom-up” approach with his colleagues is a hallmark of WHA’s successful advocacy efforts over the years.