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EDUCATIONAL EVENTS

Oct. 23 - [WHA Emergency Preparedness Conference: Cybersecurity in Health Care](#)
Madison

Nov. 30 - [Preparing the Chargemaster for 2019](#)
Wisconsin Dells

DR. MARK KAUFMAN NAMED WHA CHIEF MEDICAL OFFICER

Succeeds Retiring WHA CMO Dr. Chuck Shabino

The Wisconsin Hospital Association (WHA) announced today that Dr. Mark Kaufman will become its next Chief Medical Officer (CMO). Kaufman will join the WHA team on November 1, succeeding WHA’s long-time CMO Dr. Chuck Shabino, who is retiring at the end of 2018.



Mark Kaufman, MD Chuck Shabino, MD

“Dr. Kaufman is an accomplished and widely respected physician leader who brings over four decades of physician leadership and engagement to the WHA team,” said WHA President and CEO Eric Borgerding. “Mark’s extensive experience and notable achievements in the clinical and administrative elements of health systems, health plans and physician group practices are a perfect match for WHA as we continue to grow our agenda beyond the hospital walls.”

Prior to joining WHA, Kaufman held key leadership roles with Dean Health System, Dean Clinic and Dean Health Plan. While with Dean Clinic, Kaufman served as Senior

(continued on page 8)

WISCONSIN RANKS AMONG TOP U.S. STATES FOR HEALTH CARE ACCESS AND PATIENT SAFETY

Wisconsin ranks 4th highest overall in nation and #1 in the Midwest

Yesterday, the federal Agency for Healthcare Research and Quality (AHRQ) issued its [State Snapshots](#) ranking, naming Wisconsin fourth in the nation—and first in the Midwest—for highest overall health care quality among all 50 states. AHRQ’s State Snapshots web tool helps state health leaders, researchers, and consumers understand the status of health care quality, including each state’s strengths.

The AHRQ uses more than 120 statistical measures to evaluate health care performance across care settings, including access to care and patient safety. AHRQ began issuing its State Snapshots in 2006, and Wisconsin has consistently ranked in the top four states in 10 of 12 years (AHRQ did not issue a report in 2012)—and was ranked first in the nation in 2006, 2008, and 2017. Wisconsin was ranked second in the U.S. in 2007, 2009, 2011, and 2015.

“Providers, administrators, patients, and families are working together in effective partnerships, across care settings locally and regionally—and that shows,” said WHA President and CEO Eric Borgerding. “Wisconsin is a national leader and is known for its high-quality, high-value health care. These rankings reflect not only outstanding performance today, but more importantly, a trend spanning over a decade demonstrating a sustained commitment to affordable, accessible, quality health care that our members deliver each and every day.”

(continued on page 2)

Continued from page 2 . . . Wisconsin Ranks Among Top U.S. States for Health Care Access and Patient Safety

“WHA members have a solid commitment to transparency and improvement, and Wisconsin’s performance in higher patient satisfaction scores and lower health care-associated infection rates are accomplishments other states aspire to,” said Beth Dibbert, WHA Chief Quality Officer.

Wisconsin Quality Ranks Top in the Midwest & Fourth Highest in the Nation AHRQ State Snapshots – 2018 Scores	
Maine	72.53
New Hampshire	69.77
Rhode Island	68.89
Wisconsin	68.29
Massachusetts	67.48
Pennsylvania	65.38
Iowa	64.17
Minnesota	63.87
Vermont	62.87
North Carolina	62.20

Earlier this year, the federal Health Resources and Services Administration announced that Wisconsin’s Critical Access Hospitals were named fourth in the nation, according to the Medicare Beneficiary Quality Improvement Program. The program ranks states based on quality data reporting and performance. A Critical Access Hospital (CAH) is often located in a rural part of the state, and it provides short-term hospital stays when someone has a severe injury or illness, an urgent medical condition, or is recovering from surgery. CAHs help provide essential health care services locally, particularly in areas of the state where the next town may be 35 miles or so away.

WHA’s [CheckPoint](#) website includes clinical quality data that all Wisconsin hospitals voluntarily report to WHA.

WISCONSIN HOSPITAL ASSOCIATION LAUNCHES REDESIGNED WEBSITE AND REBRAND

It’s easier than ever to find information on health care policy, legislative updates and WHA’s advocacy efforts



The Wisconsin Hospital Association (WHA) is known for its impactful bipartisan advocacy on behalf of its members, allowing hospitals and health systems to provide high-quality, affordable, accessible health care for Wisconsin families and communities. On Monday, WHA launched a redesigned website and rebrand of its logo to more accurately reflect its strong advocacy leadership in Wisconsin and Washington, D.C.

WHA strives to be the premier source of information on Wisconsin health care policy and legislative activity, and the redesigned website at www.wha.org includes:

- Improved website navigation and layout to make it easier to find key information
- Enhanced customer experience by providing focused topic areas on the site for easy access to data and materials—as well as key issues on the top of each major webpage
- A rotator on the homepage to feature key messages / issues
- Featured Health Care Topics A-Z in the top navigation
- More prominently featured WHA products such as the WHA Information Center, PricePoint, CheckPoint and the WHA Quality Center so you can get to those resources quickly

WHA organized the website based upon key word and webpage searches, and then made that information prominent to provide a better customer experience by putting materials and data right at your fingertips.

Feel free to send feedback and comments regarding the new website to Stephanie Marquis, WHA Vice President, Communications.

WHA COMMENTS SUBMITTED ON PHYSICIAN FEE SCHEDULE PROPOSED RULE



Last week, WHA submitted comments on CMS' proposed rule on the Physician Fee Schedule (PFS), Quality Payment Program, and the Medicaid Promoting Interoperability Program. The proposed rule contains many positive changes to streamline Evaluation and Management (E&M) documentation, which WHA strongly favors. However, these changes are counterbalanced by a proposal to consolidate

E&M reimbursement categories, which WHA strongly opposed based on feedback from our members. The rule also modifies parts of Medicare's Quality Payment Program as well as the Medicaid Promoting Interoperability Program. While WHA welcomes many of these changes, we also commented that some of the proposals are premature. This article summarizes our comments on each of these topic areas.

Streamlining E&M documentation: WHA expressed strong support for CMS' proposals to streamline E&M documentation. Reducing physician burnout is a top advocacy priority for WHA. Much of this burnout results from the heavy load of documentation within an electronic health record (EHR) that is required for reimbursement. Specific rule provisions that accomplish this goal include removing redundancy in E&M visit documentation when that information is already in the patient record; eliminating extra documentation requirements for home visits; eliminating the prohibition on billing same-day visits by practitioners of the same group and specialty; and reducing teaching physician documentation requirements for E&M services.

WHA also told CMS that it favors a phase-in period for these documentation changes in 2019 to allow clinicians to acclimate to the changes, with full implementation in 2020 at the earliest.

- **Consolidating E&M Payment Amounts:** WHA expressed strong opposition to CMS' proposal to consolidate the current five E&M reimbursement levels into two levels. The rule would maintain E&M level 1 and consolidate levels 2 through 5 into one level. Member feedback to WHA indicated that this change will financially disadvantage physicians who see a more complex patient panel, and we indicated this in our letter.
- **Merit-Based Incentive Payment System (MIPS) changes:**
 - WHA supported the proposed inclusion in MIPS of new categories of eligible clinicians in the quality payment program for CY 2019 (occupational therapists, physical therapists, clinical social workers, and clinical psychologists). However, WHA expressed concerns about the relationship of these additional clinicians to the Promoting Interoperability (PI) performance category. WHA expressed support for adding those clinicians who provide 200 or less covered professional services per year under the PFS to the low-volume threshold.

MORE CASES OF SEVERE BLEEDING IN WISCONSIN LINKED TO SYNTHETIC CANNABINOIDS

Latest confirmed case reported in Fond du Lac County

The Wisconsin Department of Health Services (DHS) has confirmed 16 additional cases of severe bleeding caused by the use of synthetic cannabinoids containing rat poison. That brings the total number of people affected in this outbreak to 80. The counties with confirmed cases include Dane, Milwaukee, Outagamie, Rock, and now Fond du Lac. These cases have ranged in age from 16 to over 50 years old. To date, there has been one death in Wisconsin associated with this outbreak.

"Synthetic cannabinoids are not safe, and we urge people not to use them, said Karen McKeown, State Health Officer. "This outbreak shows how hazardous they can be to your health."

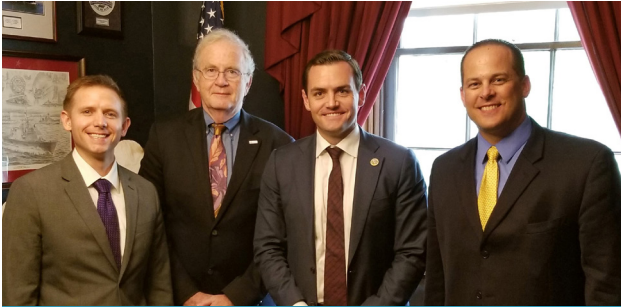
Since March, DHS has been investigating an outbreak of severe bleeding in people who have used synthetic cannabinoids, commonly called "Fake Weed," "K2," or "Spice," among other names. Through the course of the investigation, it was discovered that the synthetic cannabinoid the patients had used contained brodifacoum, a chemical used in rat poison.

People who have used synthetic cannabinoids and experience unexplained bleeding, such as a nosebleed, bleeding gums, or bruising, should call 911 or go to an emergency department right away. This product can stay in a person's system for months and bleeding could happen at any time, so anyone who has used synthetic cannabinoids should see a doctor.

Synthetic cannabinoid products are not legal in Wisconsin and they should not be confused with marijuana (cannabis) or cannabidiol (CBD). Synthetic cannabinoids are typically sprayed onto dried plant material and smoked, but can also be mixed into a liquid and vaped in e-cigarettes or other vaping devices.

WHA LEADS DELEGATION TO D.C. TO URGE CMS TO ABANDON SITE-NEUTRAL CUTS

Wisconsin congressional members join hospital leaders in voicing concern to CMS



L to R: Jon Hoelter, WHA Director of Federal and State Relations; Tim Size, Executive Director of the Rural Wisconsin Health Cooperative; Rep. Mike Gallagher; Robert Van Meeteren, President and CEO of Reedsburg Area Medical Center

WHA and its hospital and health system leaders were in Washington, D.C. again last week garnering support from Wisconsin's Congressional Delegation in an effort to get the Centers for Medicare & Medicaid Services (CMS) to rethink its proposal on site-neutral payment reductions under the 2019 Outpatient Prospective Payment System (OPPS) rule. WHA had been in Washington earlier in September educating lawmakers on this issue and its impact to Wisconsin's health care community. If not corrected in the final rule, these changes could reduce payments to Wisconsin hospitals by \$30 million in 2019 and \$440 million over the next ten years.

In its proposal, CMS cited authority under SSA 1833(t)(2)(F) to control unnecessary increases in the volume of outpatient department services as a rationale for cutting reimbursements to off-campus hospital outpatient departments. CMS has called this policy "site-neutral

payments," because hospitals would be reimbursed at the same level for certain services as other outpatient providers. But rather than simply propose this policy for only new providers, CMS proposed site-neutral payment cuts at all existing off-campus hospital outpatient departments, facilities that were intended to be exempted from such cuts by Congress. Specifically, the cuts would apply to all clinic visits and any new families of services provided at both new and previously grandfathered hospital outpatient departments.

WHA noted in its comment letter (read more on page 2) that Congress did not intend for CMS to use such authority in a way that directly conflicts with not one, but two, Acts of Congress. The 2015 Bipartisan Budget Agreement specifically grandfathered existing off-campus hospital outpatient departments and exempted them from such cuts. In addition, the 21st Century Cures Act passed in December of 2016 exempted hospitals that were in the mid-build phase as of November 2, 2015.



WHA's members meet with Sean Riley, Chief Counsel & Legislative Director for Senator Ron Johnson, who led the letter from Members of the WI Delegation to CMS

To line up support against this proposal, WHA led a letter from 27 impacted hospital leaders to CMS, which it submitted as official comments to CMS. In the [letter](#), hospital leaders reminded CMS that the agency itself recognized in 2014 that there are legitimate reasons for the current payment levels to hospitals, such as the high costs related to running emergency rooms 24 hours a day, 7 days a week, and providing this life-saving care regardless of whether patients have health insurance or can pay their bills.

The letter also thanked CMS for its other efforts to reduce unnecessary regulations on hospitals, and suggested the agency should take a similar approach in finding ways to improve the cost-effectiveness of Medicare—noting that Wisconsin has some of the highest quality marks in the country, while being in the lower tier of Medicare reimbursements. Wisconsin's hospital leaders proposed CMS develop alternative solutions that reward and incentivize the delivery of high-value health care, rather than the proposed site-neutral cuts.

In addition to the member letter, WHA also sent out a Hospitals Education & Advocacy Team (HEAT) alert asking HEAT members to contact their elected officials and urge them to sign onto a letter spearheaded by WHA to express their concerns to CMS. Ultimately, HEAT members contacted all 10 of Wisconsin's members of Congress, sending 262 individual messages of support.

These combined efforts from WHA and its members led to the [Wisconsin Congressional Delegation sending a letter to CMS](#) expressing lawmakers' concern with the proposed site-neutral cuts. They noted it would be unfair to change the rules mid-stream and requested CMS respect the clear language of the two previous Acts of Congress exempting existing facilities from these cuts.

WHA thanks Senators Johnson and Baldwin, and Representatives Gallagher, Grothman, Pocan, Kind, and Moore for supporting Wisconsin's hospitals and health systems on this issue.

WHA SUBMITS COMMENT LETTER ON 2019 OUTPATIENT PAYMENT RULE

Concerns over site-neutral payments; urges fixes to Bay State Boondoggle

WHA urged the Centers for Medicare & Medicaid Services (CMS) to abandon its proposal to cut outpatient payments for hospital outpatient departments, and to do all within its power to fix the Bay State Boondoggle's impact for hospital outpatient payments in comments on the 2019 Outpatient Prospective Payment System (OPPS) rule. WHA also thanked CMS for its efforts to reduce duplicative and unnecessary quality reporting measures in the hospital outpatient and ambulatory surgery center settings.

In the comment letter, WHA took issue with CMS' proposal to reduce payments to off-campus hospital outpatient departments by \$760 million annually via a reduction in reimbursements for clinic visits and new lines of services at all off-campus hospital outpatient departments. (Read more about this proposed site-neutral payment policy and WHA's efforts to push back on it in the article on page 4.)

WHA also requested CMS to use its authority to fix the adverse impacts the Bay State Boondoggle continue to have on hospital outpatient payments under the Area Wage Index. While the Area Wage Index is supposed to adjust payments based on local market conditions, the Bay State Boondoggle was a provision thrown into the Affordable Care Act which manipulated payments to unfairly benefit states on the east and west coasts at the expense of other states, like Wisconsin. In the comment letter, WHA asked CMS to use its authority to decouple the OPPS wage index from Inpatient Prospective Payment System (IPPS) rule in a manner that restores accuracy and fairness to the calculation.

CMS' proposed rule also included several reforms to quality measures under hospital outpatient and ambulatory surgical center (ASC) reporting rules. WHA thanked CMS for its continued effort to reduce unnecessary burdens on hospitals while focusing on the appropriateness of measures in the various pay-for-performance programs and offered support of these efforts. Read more about these and other proposals in WHA's [full comment letter](#), or contact WHA's Director of Federal and State Relations [Jon Hoelster](#), or WHA's Chief Quality Officer [Beth Dibbert](#) for more information.

WCMEW TO HOST 2018 INTERDISCIPLINARY HEALTH CARE WORKFORCE SUMMIT, NOV. 2

Registration is open for the 2018 Wisconsin Council on Medical Education and Workforce (WCMEW) Summit *Creating the Clinical Workforce We Need: Policies, Strategies and Innovations in Wisconsin*. The Summit, scheduled for November 2 in Wisconsin Dells, will take an interdisciplinary, forward-focused approach to workforce issues and is an ideal venue for policymakers, health care leaders, educators and clinicians to connect across professions and traditional industry silos.

The 2018 Summit will include a keynote address by Scott Shipman, MD, PhD, Director of Primary Care Initiatives and Workforce Analysis for the Association of American Medical Colleges. Dr. Shipman will focus on efforts to promote high-value delivery of primary care and discuss how policies inform the workforce in a health care setting. The agenda will also include sessions focused on clinical site coordination, engagement and retention trends, workforce strategic planning, data-informed decision making, and program development.

A full [agenda and other registration details](#) are available. Contact [Richelle Andrae](#) of WCMEW with any content questions, or [Kayla Chatterton](#) with registration questions.

CMS AWARDS EXTENSION TO GREAT LAKES PARTNERS FOR PATIENTS

WHA is proud to announce that the Great Lakes Partners for Patients (GLPP) was just awarded a six-month Hospital Improvement Innovation Network (HIIN) contract extension from the Centers for Medicare & Medicaid Services (CMS) through March 2019, a direct result of the quality improvements Wisconsin hospitals have demonstrated over recent years.

The extension allows the GLPP HIIN to continue its current scope of work of reducing all-cause patient harm by 20% with a 12% reduction in 30-day readmissions—all while addressing health disparities and providing an increased focus on opioid stewardship.



As Wisconsin continues to be a nationwide leader in health care quality, HIIN hospital participants have evidence-based strategies and robust data intelligence at their disposal, ready to infuse into their current practices. With a primary focus on improved patient outcomes while reducing overall costs, patients and families in Wisconsin can continue to experience excellent quality care that is the cornerstone of our state.

WISCONSIN HOSPITALS STATE PAC & CONDUIT APPROACHES GOAL

See the contributor list

The Wisconsin Hospitals State PAC & Conduit's Final Push campaign is going strong with almost \$295,000 raised to-date, or 94% of the campaign's \$312,500 goal. A huge thank you to the 237 individuals who have contributed so far in 2018. See the complete list of contributors below.

Elections are right around the corner, just 28 days until voters head back to the ballot box. That means the clock is ticking to contribute and to disburse dollars to candidates who support high-quality, high-value health care.

Contributions can be made online at www.whconduit.com or call WHA's Kari Hofer at 608-268-1816 or Nora Statsick at 608-239-4535.

The next contributor list will be released October 16, 2018.

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Continued from page 1 . . . Mark Kaufman, MD Named WHA Chief Medical Officer

Vice President and Chief Medical Officer, with oversight of all medical services to Dean patients and responsibility for the leadership, engagement, and management of all Dean Health System physicians and advanced practice clinicians. Among his duties as CMO of Dean Health Plan, one of the state's largest HMOs with more than 400,000 covered lives, Kaufman was responsible for creating and sustaining relationships with the health plan's contracted physicians and health systems. Kaufman also chaired the Dean Health System Board of Directors and served as its Interim President and CEO in 2006.

Most recently, Kaufman has been a sought-after consultant, assisting clients, such as the Wisconsin Collaborative for Health Care Quality and the Wisconsin Health Information Organization, with various aspects of public reporting, quality improvement, practice transformation and reducing unwanted clinical practice variation.

As WHA CMO, Kaufman will be the lead liaison to WHA's CMO community and Wisconsin-based physician leaders. He will also help to lead, develop and execute WHA's growing integrated physician and clinic agenda. Kaufman, an internal medicine physician, received his B.A. from the University of Michigan, his M.D. from the University of Pennsylvania School of Medicine, and completed his internal medicine residency at the University of Wisconsin Hospitals.

"I look forward to joining the immensely talented WHA team and helping WHA to improve the quality and value of healthcare for all Wisconsin citizens," said Dr. Kaufman.

Dr. Chuck Shabino to Retire

Dr. Chuck Shabino joined WHA in 2006 as the organizations' first Chief Medical Officer. Prior to coming to WHA, Shabino was the CMO for Aspirus Healthcare in Wausau and chaired the WHA Board of Directors in 2004. During his 12 years as WHA's CMO, Shabino helped define and shape WHA's agenda, programming, and strategic partnerships within the physician and caregiver communities. It's estimated that as many as 80% of Wisconsin's physicians are employed by WHA member hospitals and health systems, and during Shabino's tenure, hospital and health system physician leaders have become a key voice at the WHA table.

"Dr. Shabino has been instrumental in growing and expanding WHA's agenda and engagement with physicians and physician leaders within today's systems of health care," said Borgerding. "One cannot overstate the impact Chuck has had on WHA, helping us always look forward and position our organization to remain impactful and relevant in an environment of constant change. We are immensely grateful for his passion, insights, instincts, wisdom and counsel. Chuck has made an indelible mark on Wisconsin health care and his influence on WHA will be felt for years to come."

Among his many accomplishments at WHA, Shabino played a lead role in the creation of [CheckPoint](#), the nation's first-of-its-kind voluntary hospital quality reporting initiative, now entering its 15th year. His work with CheckPoint helped change the dialogue, culture and ultimately embrace of quality of care public reporting.

Shabino has been a leading advocate for growing Wisconsin's health care workforce, with a particular focus on physicians. He played a key role in crafting and now implementing the WHA-initiated Graduate Medical Education matching grant program, a very successful public-private partnership that is educating and training more primary care physicians for Wisconsin. Shabino leads WHA's Physician Leaders Council, plays a lead role in developing and implementing WHA's annual Physician Leadership Conference, and helped create the Wisconsin Council on Medical Education and Workforce (WCMEW), serving as WCMEW's first and only chair since 2006.

"We all have much to be proud of in Wisconsin consistently ranking among the highest states in regard to its quality of health care. This is the result of real teamwork among patients, health care systems, providers, government and others," Shabino said. "I am grateful to have been given the opportunity to participate in a small way in these efforts. This work goes on and I am certain the efforts of the many will continue to push the health of Wisconsinites to new heights."

Shabino will remain with WHA through the end of 2018.