

IN THIS ISSUE

HEALTH CARE WORKFORCE RESILIENCE WEB SERIES: REGISTER TODAY 1

NEW FOR PHYSICIAN LEADERSHIP DEVELOPMENT CONFERENCE: SENIOR PHYSICIAN LEADERS EDUCATION TRACK 1

FREE MEMBER WEBINAR: TELEMEDICINE LEGAL ISSUES IN WI AND BEYOND 2

WHA, 32 WI Health Care Groups Join to Oppose Lame Duck Legislation 2

PRESIDENT’S COLUMN: PARTNERING TO PROMOTE AND GROW WI’S HEALTH CARE SECTOR 3

WHA COMMENTS ON PROPOSED CMS RULES AIMED AT REGULATORY BURDEN 4

WHA TALKS ABOUT FUTURE OF HEALTH CARE IN WISCONSIN AT STOUGHTON HOSPITAL’S ANNUAL MEDICAL STAFF MEETING 5

DEFINING PHYSICIAN ROLE IN QI IS KEY TO PATIENT SAFETY 6

EDUCATIONAL EVENTS

December 11
Telemedicine Legal Issues in Wisconsin and Beyond
Free Member Webinar

Starting January 2019
Health Care Workforce Resilience
Free Member Webinar Series

March 15, 2019
Physician Leadership Development Conference
Kohler, WI

HEALTH CARE WORKFORCE RESILIENCE WEB SERIES: REGISTER TODAY



Encourage your employees, particularly your physicians, advanced practice clinicians and nurses, to participate in the monthly webinar series focused on building workplace

resilience for busy and stressed health care professionals. This 12-part series is jointly sponsored by the Wisconsin Medical Society and WHA and is offered complimentary to members of either organization, **but pre-registration for the series is required.**

The complimentary series was developed and will be presented by renowned health care workforce resilience expert J. Bryan Sexton, PhD, Director of the Duke Patient Safety Center at Duke University Health System. Each monthly topic will be engaging, evidence-based, delivered in bite-sized doses, and scalable for an audience of any size. Each session will also be recorded for participants to access at a later date.

We recommend gathering staff for the live session each month or using the recorded session as part of a regularly scheduled staff meeting throughout 2019. One hour of continuing education credit for both physicians and nurses will be offered for each webinar whether they participate in the live event or view the recording within 30 days.

The first session, *Prevalence and Severity of Burnout: Workforce Resilience as Care Quality*, is scheduled for January 8. This session focuses on the concept that burnout is increasingly common and can compromise clinical and operations outcomes, but is treatable.

Each monthly topic will include practical tools, strategies and resources for building and maintaining a resilient workforce that will be immediately applicable for all members of the health care team, regardless of role.

[Online registration](#) is now open, and you can also view the full list of series topics and dates. Contact [Jennifer Frank](#) with questions.

NEW FOR PHYSICIAN LEADERSHIP DEVELOPMENT CONFERENCE: SENIOR PHYSICIAN LEADERS EDUCATION TRACK

The annual WHA Physician Leadership Development Conference includes a new twist in 2019. While the Saturday morning portion of the conference will still include the traditional education track intended for physician leaders seeking to develop or enhance their administrative and leadership skills, there will also be a new education track specifically for senior physician leaders.



(continued on page 2)

New for Physician Leadership Development Conference: Senior Physician Leaders Education Track . . . Continued from page 1

This new offering allows senior physician leaders to attend the Friday session with their team, and then attend a Saturday morning education track designed specifically for chief medical officers, vice president of medical affairs or medical director positions, as well as anyone holding similar responsibilities in a Wisconsin hospital or health system.

This senior physician leader education track will include a presentation by UW Health CEO Dr. Alan Kaplan focused on how the senior physician leader's role will evolve and what leadership capabilities will become more important in the future. Also, attendees will participate in a facilitated roundtable discussion focused on sharing experiences, challenges and opportunities faced by senior physician leaders throughout Wisconsin.

The 2019 WHA Physician Leadership Development Conference is scheduled for March 15-16, 2019, at The American Club in Kohler. An early bird discount is available until January 15, and the special room rate at The American Club is only available until the room block fills, which it does quickly each year, so register and make your hotel reservations today.

You can view the full 2019 conference agenda and [register online](#).

FREE MEMBER WEBINAR: TELEMEDICINE LEGAL ISSUES IN WI AND BEYOND

On December 11, WHA is offering a complimentary webinar focused on the laws and rules hospitals and health care systems need to know to develop and implement telehealth programs. This WHA Member Forum is scheduled for December 11 from 10:00-11:15 AM and [registration is now available](#).

During the webinar, Emily Wein, a shareholder with the law firm of Baker Donelson, will discuss state and federal laws and policies that providers should consider in building virtual care arrangements including key topics such as reimbursement and billing, licensure and exceptions for peer-to-peer consults, credentialing by proxy, and direct-to-consumer services.

This webinar is designed for telemedicine program managers, chief operating officers, chief nursing officers, chief medical officers, chief information officers, and compliance officers.

This complimentary WHA Member Forum is open only to WHA hospital and corporate members. Pass along the webinar information and registration link to anyone in your organization who may be interested in attending. Please contact [Jennifer Frank](#) if you have questions about any of WHA's complimentary webinars.

REGISTRATION: <http://www.whareg4.org/Telemed1211>

WHA, 32 WI HEALTH CARE GROUPS JOIN TO OPPOSE LAME DUCK LEGISLATION

Far reaching legislation could have unintended consequences for hospitals, Medicaid providers

The Wisconsin Hospital Association joined 32 other Wisconsin health care organizations in a [letter to state lawmakers](#) expressing significant concerns with legislation fast tracked for Wisconsin's lame-duck session.

The Legislature has expressed an interest in codifying the work requirement provisions for able-bodied childless adults between 50% to 100% of the federal poverty limit included in a recent 1115 Medicaid waiver that had already been approved by CMS in negotiations with the Walker administration. WHA has been actively weighing in [with CMS](#) and the [Walker administration](#) on the waiver for the last two years.



Unfortunately, the provisions in Assembly bills AB 1072 and AB 1073 include "a number of changes to the administration of the Medicaid program that go well beyond the what is in the 1115 waiver." The letter to lawmakers encouraged them to focus more narrowly on implementing the waiver, as the depth and breadth of the complex provisions included in these two bills could have unintended consequences that would impact health care delivery in communities across Wisconsin.

With the lame-duck legislation introduced late Friday, November 30, and the public hearing and committee vote held on Monday, December 3, little time was given for public review or input. The group letter expressed concerns that stakeholders were not included in developing the nearly 200 pages of legislation, which is too complex to move along such an expedited timetable.

(continued on page 3)

WHA, 32 WI Health Care Groups Join to Oppose Lame Duck Legislation . . . Continued from page 2

Among the concerning provisions were:

- New statutory language to require disenrolling Medicaid enrollees if they fail to pay monthly premiums
- Delaying routine provider rate reimbursement changes and Medicaid administration state plan amendments by requiring legislative approval

The full Legislature will vote on AB 1072 and AB 1073 on Tuesday, December 4 (as of this newsletter, no vote has yet occurred). WHA will continue to closely monitor this legislation and keep our members informed of any changes.

If you have questions, contact WHA Director of Federal and State Relations [Jon Hoelster](#).

PRESIDENT’S COLUMN: PARTNERING TO PROMOTE AND GROW WISCONSIN’S HEALTH CARE SECTOR

By Eric Borgerding



On November 20, WHA was very proud to join the Wisconsin Technology Council to [announce](#) the creation of the Wisconsin Healthcare Business Forum (WHBF). Adopting some of the traditional traits of a “chamber of commerce,” the WHBF will shine a bright light on a growing and critical sector of Wisconsin’s economy – health care.



Eric Borgerding

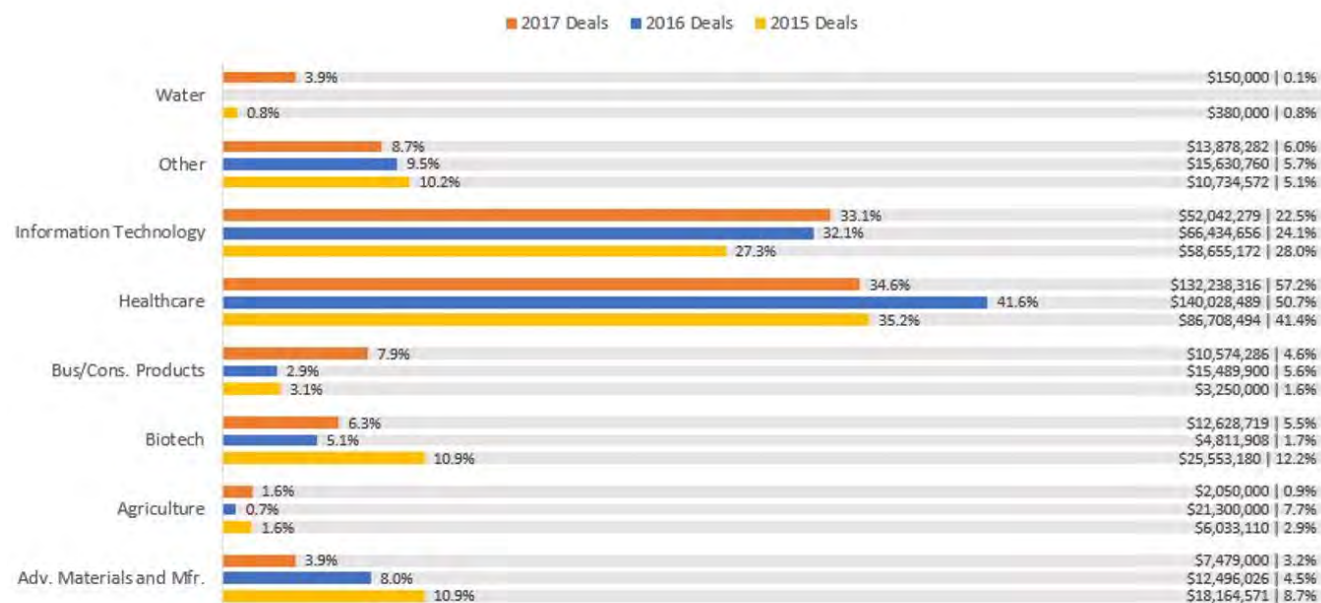
For several years, WHA has been [telling the story](#) of our high-quality health care delivery system and its importance to the Wisconsin economy. It’s a message that has gained traction, including with some of Wisconsin’s elected leaders.

As Wisconsin continues to define and position for its economic future, however, the role of health care warrants amplification. Today, through what has become a close and important partnership of two like-minded, future-looking organizations, WHA and the Wisconsin Technology Council, spreading the Wisconsin health care story is about to go to the next level.

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 (lots of [good examples](#) out there). We know that high-quality care, including preventing costlier care, translates into positive immediate and downstream impacts on the workforce, including keeping workers healthy, on the job and productive. Bending the health care cost curve is a challenge for both health care consumers, employers and providers, but there is plenty of proof that working together can have an impact.

(continued on page 4)

Wisconsin Industry Trends



Source: Wisconsin Technology Council

President’s Column . . . Continued from page 3

The second key role of the WHBF is to facilitate interaction between 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 often overshadowed by more long-standing and traditional components of our economy. In its broadest sense, health care is not only a growing, but it’s arguably the most future-looking sector of the Wisconsin economy.

The simple fact that Wisconsin’s population is living longer 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 driving health care innovation and investment *in Wisconsin*.

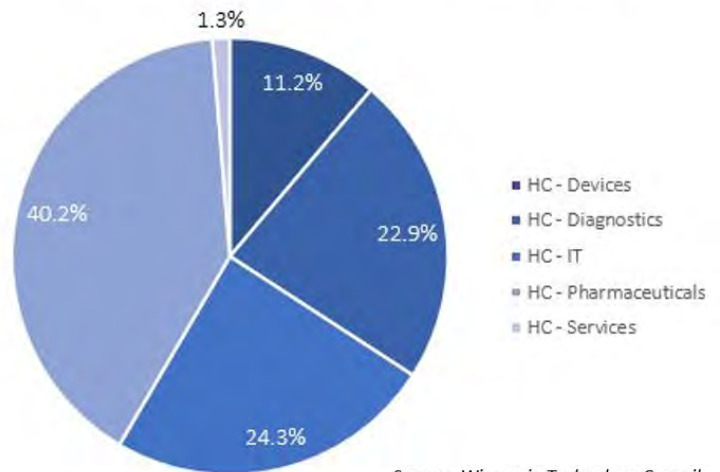
It will surprise many to learn that the majority of venture capital being invested in Wisconsin is in health care. Information technology is a close second, with investments in both dwarfing all other sectors. The fact is, Wisconsin has all the ingredients to attract this type of investment in health 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 Wisconsin’s #2 employer, with hospitals alone directly employing some 108,000+ people (watch for more on this early in 2019). 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 appealing opportunities in other states. Given health care’s dynamic future, it can prove to be a key sector for retaining *and attracting* the creative entrepreneurs, the talent and intellectual capital Wisconsin so desperately needs and for which it is competing.

The ultimate aim of the WHBF is to not just recognize but realize the tremendous potential that health care holds for Wisconsin. We will do that by convening, connecting and promoting the broader Wisconsin health care sector to make it a prime component of Wisconsin’s economic future.

To learn more, visit the WHBF website at wishealthbizforum.com.

2017 Wisconsin Healthcare Capital by Sector



Source: Wisconsin Technology Council

WHA COMMENTS ON PROPOSED CMS RULES AIMED AT REGULATORY BURDEN

WHA Recommends Addressing Physician Co-Signature Burdens

WHA expressed support for removing regulatory burden and providing additional compliance flexibility in a comment letter submitted by WHA to the Centers for Medicare & Medicaid (CMS). The letter addresses:

- Impacts of regulatory burden on cost and access;
- WHA recommendations to address burdensome physician co-signatures of advanced practice clinician care;
- Support for several CMS proposed changes to address regulatory burden; and
- Retaining existing ASC transfer arrangement requirements

Impacts of Regulatory Burden on Cost and Access. WHA commented on several CMS proposed changes to CMS Conditions of Participation for hospitals, ambulatory surgery centers, rural health clinics and other care settings. In the proposed rulemaking, CMS describes the changes as “(1) Proposals that simplify and streamline processes, (2) proposals that reduce the frequency of activities and revise timelines, and (3) proposals that are obsolete, duplicative, or that contain unnecessary requirements.”

“Regulatory burden creates additional cost on the health care system and limits the productivity of health care providers,” stated WHA’s letter to CMS Administrator Seema Verma. “Wisconsin, like other states, has challenges with having enough physicians to

(continued on page 5)

WHA Comments on Proposed CMS Rules . . . Continued from page 4

meet the demands for care of our citizens, and regulatory burden directly impacts the amount of clinical care that each physician can provide in one day.”

“We appreciate the steps that CMS has proposed to take in this proposed rule to reduce regulatory burden, but we also encourage CMS to continue to seek input from the field to identify additional regulatory reforms to reduce regulatory burden on organizations, administrators, physicians, and other clinicians when such reforms do not meaningfully impact health care quality and safety,” wrote WHA.

Address Burdensome Physician Co-signatures of Advanced Practice Clinician Care. To address regulatory burden on physicians, advanced practice clinicians and team-based care delivery, WHA’s comment letter recommended several clarifications to CMS Hospital and Critical Access Hospital Conditions of Participation that would make more clear that physicians are not required to co-sign certain actions performed by advanced practice registered nurses and physician assistants when such actions are within their scope of practice.

WHA’s recommendations to CMS regarding clarifying physician co-signature requirements were drawn from presentations at WHA’s Advanced Practice Clinician Conference held in September that highlighted problematic federal regulations that have limited the ability of advanced practice clinicians from practicing to their full scope of practice in hospital settings.

Support for Several CMS Proposed Changes to Address Regulatory Burden. WHA expressed support for several CMS proposed rule changes that could impact WHA members, including:

- Permitting multi-hospital systems to maintain a single, integrated Quality Assessment and Performance Improvement (QAPI) program for all of its members, rather than separate programs for each hospital.
- Permitting multi-hospital systems to maintain a single, integrated infection control program for all of its members, rather than separate programs for each hospital.
- Providing hospitals and ambulatory surgery centers with additional flexibility in creating policies for utilizing simplified pre-surgery assessments instead of comprehensive medical history and physician examination (H&P).
- Removing from swing bed requirements, various long-term care facility requirements that are generally unnecessary for patients receiving care in a swing bed setting.
- Reducing the frequency of critical access hospital, rural health clinic and federally qualified health centers’ required self-review of their policies and procedures.
- Clarifying the Authority of Non-Physician Practitioners to Record Progress Notes in Psychiatric Hospitals
- Reducing various documentation requirements related to hospital emergency preparedness

Retain Existing ASC Transfer Arrangement Requirements. CMS also proposed removing the current requirement that ambulatory surgery centers (ASC) maintain a transfer agreement or shared medical staff with a hospital to address situations when a patient in an ASC needs services beyond the capabilities of the ASC. WHA expressed opposition to this change. WHA said that having such a relationship between an ASC and a hospital is foundational to well-managed, coordinated care for individuals needing emergency resources beyond the capabilities of an ASC.

WHA’s comment letter is posted on our website, and CMS’s proposed rule can be found here. The proposed rule and any changes to it will not go into effect until CMS promulgates a final rule, which WHA expects could occur in the next 6 to 18 months.

If you have questions about the proposed rule, contact [Matthew Stanford](#), WHA General Counsel.

WHA TALKS ABOUT FUTURE OF HEALTH CARE IN WISCONSIN AT STOUGHTON HOSPITAL’S ANNUAL MEDICAL STAFF MEETING

WHA President and CEO Eric Borgerding was invited to speak with medical staff at Stoughton Hospital on November 19 about the latest developments in health care as a result of the election. Key topics included the results of the recent Governor and legislative races, the new balance of power in the Capitol, how that will impact health care legislation and the State budget, and how WHA is positioning to continue being an effective advocate for its members.

“Our public policy agenda is driven by our members, and physicians and physician leaders help inform, craft and deliver these proactive efforts,” said Borgerding. “WHA takes a bipartisan approach to our advocacy work, and this has helped us build strong relationships on both sides of the aisle.”



DEFINING PHYSICIAN ROLE IN QI IS KEY TO PATIENT SAFETY

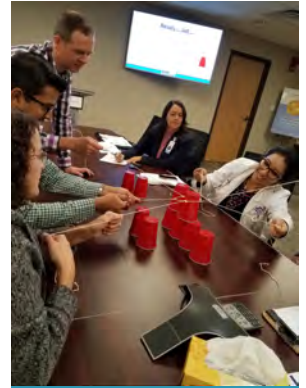
Successful Physician Leadership Learning Day at North Central Health Care

Physicians and support staff at North Central Health Care in Wausau gathered on Monday, November 11 to spend the day learning and discussing key concepts in quality improvement (QI). WHA Physician Improvement Advisor Dr. Bobby Redwood and WHA Chief Quality Officer Beth Dibbert led the group discussion about science of improvement implementation, physician leadership, and data-driven decision making.

“Fantastic dialogue occurred during and between the sessions. Our physician’s role in quality improvement was better defined for our organization and we came away with clear actions for process improvement internally and monitoring. Good energy was transferred over the course of several hours,” said Michael Loy, CEO of North Central Health Care.

“Physician-led and supported quality projects can be very effective in reducing patient harm and improving efficiencies in care delivery processes,” noted Dibbert. “Appropriately engaging physicians and integrating them in patient safety can accelerate the success of this important work.”

If you are interested in hosting a Physician Leader QI session at your organization, contact WHA Chief Quality Officer [Beth Dibbert](#).



Participants learn teamwork and improvement cycle planning through a simple cup stack activity.