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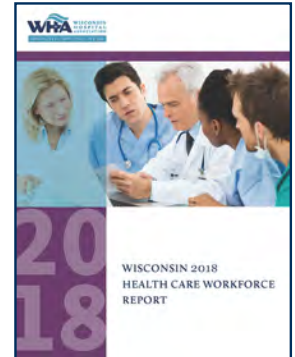
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## WISCONSIN HOSPITALS FACE PERFECT WORKFORCE STORM

### Aging population, labor shortages, record unemployment and regulatory burdens

*WHA 2018 Health Care Workforce Report provides recommendations to maintain access to high-quality health care*

The Wisconsin Hospital Association released its [Wisconsin 2018 Health Care Workforce Report](#) December 13. This 15th annual report provides analysis and recommendations to ensure Wisconsin has the health care labor force it needs to maintain access to high-quality, health-value health care in Wisconsin communities.



Key findings in this year’s report:

- Vacancy rates remain high for professions at the entry-level and advanced practice level of health care career paths;
- Wisconsin’s physician supply is not growing fast enough to keep up with physician retirements and the demands of an aging population;
- Employment of advanced practice providers by Wisconsin hospitals has almost tripled in less than a decade; and,
- The state’s health care workforce is older in rural settings across all roles and professions.

An aging population and an aging workforce are key drivers of the issues identified in WHA’s 2018 report.

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### EDUCATIONAL EVENTS

**Starting January 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

## TWO WHA RECOMMENDATIONS INCLUDED IN FEDERAL RED TAPE RELIEF LEGISLATION

### Would ease restrictions under CAH 96-hour rule; direct supervision

Two [recommendations](#) the Wisconsin Hospital Association presented to the U.S. House Ways and Means Committee in 2017 were included in a [package introduced last week](#) as part of the committee’s Medicare Red Tape Relief Project.

The Critical Access Hospital Relief Act, introduced by Rep. Adrian Smith (R-NE), would repeal the 96-hour physician-certification requirement for inpatient critical access hospital services under Medicare. Hospitals have traditionally understood the 96-hour rule to mean critical access hospitals (CAHs) must have an average length of stay of 96 hours across all inpatient Medicare stays, consistent with federal conditions of participation in the Medicare program. However, sub-regulatory guidance issued from the Centers for Medicare and Medicaid Services (CMS) in 2014 said that as a condition of payment, CAHs must certify that a patient must reasonably be expected to be discharged within 96 hours of admission in order for a Medicare payment to be appropriate.

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## Two WHA Recommendations Included in Federal Red Tape Relief Legislation . . . Continued from page 1

The Rural Hospital Regulatory Relief Act of 2017, introduced by Rep. Lynn Jenkins (R-KS), would repeal the physician direct supervision requirement for certain outpatient therapeutic services. This issue came to a head in 2009 when CMS introduced a new direct supervision policy that required a physician to be “immediately available” to initiate certain outpatient therapeutic services in order to receive Medicare reimbursement. Previously, only general physician supervision was required in these circumstances and Congress and CMS have previously put moratoriums on enforcement of this policy since there is no clinical rationale for it. This legislation would permanently repeal the requirement for CAHs and other small rural hospitals.

With the current congressional session soon coming to an end and a new session beginning in 2019, it is unclear where these proposals will go in the near future, but WHA will continue advocating for these and other efforts to improve rural health care delivery. For additional information, contact WHA’s director of Federal and State Relations, [Jon Hoelter](#).

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## SAVE THE DATE: ADVOCACY DAY 2019



In no time it will be the New Year, so mark your calendars now for WHA’s premier event, Advocacy Day, to be held **Wednesday, April 17, 2019** at the Monona Terrace in Madison.

This must-attend event draws more than 1,000 health care advocates from across the state. With much at stake for health care in Wisconsin’s upcoming legislative session, this year’s program, and your participation in the legislative meetings, will be especially important. Bring a friend and join us for a day of learning, networking, and advocacy. There is no cost to attend this event; however, registration is required. We’ll be sending information about our keynote speaker and how to register soon, so stay tuned for more updates!

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## WHA PHYSICIAN LEADERS COUNCIL ADVANCES REGULATORY RELIEF AGENDA

Physician leaders discussed and endorsed the WHA Physician Regulatory Burden Reduction Work Plan at the WHA Physician Leaders Council December meeting. The Work Plan will be advanced for final review by the WHA Board in early 2019.

Led by the WHA Physician Leaders Council, WHA gathered information throughout 2018 from the Council, the WHA Board, individual member chief medical officers and other member leaders, and partner organizations to identify key regulatory and practice burdens for physicians and potential areas for future action by WHA to address those burdens.



*WHA’s Physician Leaders Council meeting December 4, 2018*

The Work Plan identifies key state advocacy, federal advocacy, and educational strategies focused on reducing physician regulatory and practice burden. With further guidance from the Physician Leaders Council and WHA members, the strategies contained in the Work Plan will guide WHA’s goals and activities aimed at reducing physician burden over the upcoming years.

Examples of key targets in the Work Plan for WHA advocacy and education efforts focusing on reducing physician burden include:

- Advance team-based care reforms to remove physician signature and oversight requirements for advanced practice clinicians that provide little quality assurance. *(continued on page 3)*

## WHA Physician Leaders Council Advances Regulatory Relief Agenda . . . Continued from page 2

- Continue to pursue policies that will provide payment for physician-provided services not currently reimbursed by Medicaid in areas such as telemedicine, care coordination, and consultation services.
- Continue to engage in CMS' "patients over paperwork" agenda by making recommendations to reduce burdensome, duplicative, and outdated federal regulations impacting physician practice.
- Seek to work with electronic health record (EHR) vendor partners to advocate for the simplification of CMS measures and regulations that increase the cost and complexity of EHR systems.
- Build upon existing WHA education and resources to help chief medical officers, other physician leaders, and their organizations identify strategies to limit physician burden caused by care delivery, payment, and regulatory change.

### Physician Leader Advocacy Engagement Opportunities

Following a discussion of the upcoming 2019-2020 Legislative session, the Council also discussed upcoming opportunities for physician leaders to personally impact public policy affecting physicians and care delivery.

"WHA's Advocacy Day on April 17, 2019, in Madison is a great opportunity for physician leaders to bring their teams to Madison to hear about key public policy issues impacting health care and to directly engage in public policy advocacy," said Kari Hofer, WHA Vice President of Advocacy.

By joining hundreds of other WHA member advocates visiting their elected officials, Advocacy Day gives physician leaders an opportunity to participate in meetings with legislators and help share a common advocacy message.

Hofer also encouraged physician leaders to sign up to be a part of WHA's Hospitals Education & Advocacy Team (HEAT) network. The HEAT network is a WHA contact list of individuals that WHA will alert when key state and federal public policy issues arise and provides easy-to-use templates for HEAT members to send a brief email to their elected officials.

Those personal contacts with elected officials can make a key difference, said Hofer, and the HEAT network was created to help make it easy for individuals quickly, and with a common message, directly influence key public policy decisions in Wisconsin and with Wisconsin's Congressional delegation.

To learn more or to sign up for HEAT, contact [Kari Hofer](#) or click [here](#).

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## WHA URGES WI CONGRESSIONAL DELEGATION TO REMOVE MEDICARE TELEHEALTH RESTRICTIONS

In an [issue paper](#) sent earlier this week, WHA asked Wisconsin's Congressional delegation to expand access to telehealth services for Medicare beneficiaries by eliminating a federal statute that prohibits Medicare from paying for telehealth services if the patient is located in an urban area or at home.

As stated in the letter, telehealth creates opportunities for more timely and local care for patients and can also reduce travel time and burden for physicians serving patients in multiple communities. Further, studies show that by reducing avoidable health care utilization, including expensive emergency room visits and hospital admissions, telehealth can help to reduce health care costs.

Eliminating the statutory prohibition on Medicare paying for telehealth services delivered to patients located in urban areas or at home would be consistent with recent efforts of both Congress and the Centers for Medicare & Medicaid Services (CMS) to expand Medicare access to telehealth services, as explained in the letter.

The letter was drafted based on input provided by WHA members at meetings of WHA's Telemedicine Work Group. The Work Group has been assisting and will continue to assist WHA in developing its telehealth advocacy agenda, which is broadly aimed at expanding access to telehealth services by facilitating sustainable telehealth reimbursement within Medicare, Medicaid, and commercial insurance, and by removing regulatory barriers that unnecessarily impede the delivery of health care services via telehealth.

For more information, contact [Andrew Brenton](#), WHA Assistant General Counsel, at 608-274-1820.

## COMPLIMENTARY WEBINAR SERIES FOCUSES ON BUILDING CARE PROVIDER RESILIENCE

Every member of your care team can benefit from participating in the free monthly webinar series focused on building workplace resilience for busy and stressed health care professionals. Each monthly session includes engaging and evidence-based content, is delivered in bite-sized doses, and shares practical tools and strategies immediately applicable for all members of the health care team, regardless of role. The first session, Prevalence and Severity of Burnout: Workforce Resilience as Care Quality, is scheduled for January 8, so encourage your team to [register today](#).



Each live session will be recorded and available on-demand, allowing you to view them at your convenience, but pre-registration is required. Each session is also approved for 1.0 *AMA PRA Category 1 Credit*<sup>™</sup> and 1.0 Nursing credit hour for those who participate in the live webinar or view the recording within 30 days. [View the full list of series topics and dates and register now](#).

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## WALKER SIGNS LAME DUCK LEGISLATION WITHOUT VETOES

Despite the objection of over 30 different health care provider and payer organizations, Governor Scott Walker signed legislation in Green Bay December 14 that requires additional steps for the approval of Medicaid state plans, provider rate changes, and making supplemental payments, including review by the state Legislature's budget-writing Joint Finance Committee. The additional review requirement does not apply to a change or supplemental payment with a fiscal impact of less than \$7.5 million or for an action explicitly authorized in enacted legislation.

The Act also limits the ability for the state Department of Health Services (DHS) to pursue a waiver of federal law unless the Legislature specifically directs an action to request, change or end a waiver of federal law. In addition, the new law requires DHS take certain action when DHS is required through enacted legislation to seek federal approval for a waiver, pilot program or demonstration project.

The legislation, signed into law as 2017 Wisconsin Act 370, also codifies into state law additional Medicaid eligibility requirements, including premiums and work requirements. WHA had been lobbying lawmakers to develop alternative ramifications to disenrollment for failure to pay Medicaid premiums and create a mechanism whereby the state, not hospitals, collects cost-sharing from Medicaid enrollees. While these provisions were not addressed in Act 370, WHA will continue to work in the next legislative session to address these outstanding concerns.

Contact WHA Senior Vice President of Government Relations [Kyle O'Brien](#) or Director of Federal and State Relations [Jon Hoelter](#) for more information.

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## Wisconsin Hospitals Face Perfect Workforce Storm . . . Continued from page 1

"Unlike most industries, demand for health care is largely a function of demographics rather than economic cycles," explains WHA President/CEO Eric Borgerding. "Wisconsin's over 65 population is expected to double by 2030. This means increasing demands on and for the health care workforce during a period of record unemployment and a diminishing labor force."

The report recommends that Wisconsin:

- Attract entry-level workers to climb health care career pathways to fill in-demand positions such as registered nurses, surgical technicians, and nurse anesthetists;
- Implement strategies to more quickly grow our supply of physicians;
- Reform state law to allow advanced practice providers (APPs) to fully use their education, training and experience; and
- Leverage the use of technology to maintain access to health care in communities across Wisconsin.

"With record low unemployment and increased vacancy rates, we simply do not have the labor force we need to meet increasing health care demands. An aging population needs more physicians to manage chronic health care conditions, especially in primary care," said Ann Zenk, WHA Vice President of Workforce and Clinical Practice. "Policymakers, health care leaders, health care educators and other key stakeholders can tackle this worrisome equation together by acting with urgency now to implement solutions that protect access to high-quality health care in the future."

For [more information](#) about WHA's Wisconsin 2018 Health Care Workforce Report, contact [Ann Zenk](#).