

July 5, 2018

Volume 6, Issue 13

**Editor's Note:** The following article was sent in a special Physician Edition of *The Valued Voice* June 27. We are including it in today's edition as well due to the significance of the issue.

## WI Supreme Court Upholds Non-Economic Damage Cap

*Key WHA physician workforce advocacy priority remains intact*

Earlier this morning, the Wisconsin Supreme Court issued a 5-2 decision in the *Ascaris Mayo v. IPFCF* case upholding Wisconsin's \$750,000 cap on non-economic damages in medical liability cases enacted in 2006. The decision overturns lower court rulings that found Wisconsin's non-economic damage cap unconstitutional.

"Recruiting and retaining physicians to provide health care in rural and underserved communities is a top priority for Wisconsin and the Wisconsin Hospital Association," said Eric Borgerding, WHA President/CEO. "Today's Court decision preserves Wisconsin's balanced medical liability system that has been instrumental in attracting physicians to communities across Wisconsin, while providing assurance to injured patients that they will receive payment for the full amount of a jury's award of medical expenses, lost wages, and other economic losses."

Chief Justice Patience Roggensack wrote the majority opinion, and emphasized the importance of Wisconsin's balanced liability system.

"The legislature was concerned with massive noneconomic damage awards because they are unpredictable and often based on emotion," wrote Chief Justice Roggensack. "The legislature wanted to plan for accessible health care while providing reasonable compensation for those who are injured. The legislature chose to provide a mechanism to pay 100 percent of all damages arising from medical malpractice except for noneconomic damages, on which it placed a \$750,000 cap. The legislature made a rational policy choice by limiting noneconomic damages...."

"[A]ny cap, by its very nature, will limit the amount that some people will be able to recover," wrote

*(continued on page 2)*

## WHA Hosts New Superior Health Quality Alliance

WHA hosted a day-long event for the founding members of the Superior Health Quality Alliance (SHQA). SHQA brings eight regional quality improvement entities together into an incorporated membership that will bid for work in future Centers for Medicare & Medicaid Services (CMS) task orders during the 12th Scope of Work. SHQA will align quality work across patient and provider settings, and combine the breadth and strength of our quality improvement organizations in Wisconsin.



*SHQA members meet June 13 at WHA Headquarters*

Organizations participating in the SHQA are:

- Wisconsin Hospital Association
- MetaStar, Wisconsin's federally recognized QIO (quality improvement organization)
- Illinois Health and Hospital Association
- Michigan Health & Hospital Association
- MPRO, Michigan's federally recognized QIO
- Midwest Kidney Network
- Minnesota Hospital Association
- Stratis Health, Minnesota's federally recognized QIO

Matthew Stanford, WHA's general counsel, led the SHQA members through the creation and eventual adoption of its articles of incorporation and bylaws. The SHQA will be a non-profit, non-stock corporation chartered in Wisconsin.

"WHA is proud to be a founding member of the Superior Health Quality Alliance, a unique, multi-state, multi-organizational partnership and initiative in advancing quality care," said WHA President/CEO Eric Borgerding in welcoming the group to the WHA headquarters. "Each of our organizations has much to be proud of when it comes to improving the quality of health care. When we come together, and combine our strengths, we will be even stronger."

## Continued from page 1 . . . WI Supreme Court Upholds Non-Economic Damage Cap

Chief Justice Roggensack. “If the cap did not do so, it would have no economic effect. It must be noted however, that while there is a cap on noneconomic damages, there also is a guarantee of payment for all other categories of damages that a victim of medical malpractice may be awarded. No other tort has a guarantee of unlimited payment for a jury’s award of economic damages.”

Borgerding echoed the Chief Justice’s conclusion. “Enacted with bipartisan support and signed by Democrat Governor Jim Doyle in 2006, Wisconsin’s balanced system includes a unique guarantee of a full and uncapped payment of awarded economic damages, as well as capped, subjective non-economic damages,” said Borgerding. “As Wisconsin continues to work to address current and future physician workforce shortages, that balanced medical liability system is just as important today as it was in 2006.”

In January, WHA filed an amicus brief with the Supreme Court in support of the cap. A significant emphasis of that brief—authored by Timothy Feeley and Sara MacCarthy, attorneys with Hall, Render, Killian, Heath & Lyman P.C.—focused on the impact of the cap on access to care in Wisconsin.

Today’s decision is a culmination of WHA’s and the medical community’s advocacy in the Legislature and the Courts to enact and protect public policy that preserves access to care across the state. In 2006, WHA joined many other groups to craft and enact bipartisan legislation that could withstand a constitutional challenge, and continued through WHA amicus briefs and coordination with other partners as this challenge worked its way up to the Supreme Court.

Please visit our website at [www.wha.org](http://www.wha.org) to view the following:

- Supreme Court’s Decision (6.27.18)
- WHA President Eric Borgerding Statement on Supreme Court Decision Regarding Medical Liability Caps (6.27.18)
- WHA’s January 2018 Amicus Brief filed with the Supreme Court (01.2018)
- *Valued Voice* Article: AB 1073 Becomes 2005 Wisconsin Act 183 (3.24.06)

## Two WHA-Supported Opioid Reform Measures Pass House

### *Senate expected to act in July*

On June 20, the U.S. House of Representatives voted to pass two important opioid reform measures supported by WHA.

HR 6082, the Overdose Prevention and Patient Safety Act, would align patient behavioral health and substance use treatment records with HIPAA, making it easier to share critical health information. Under current law, 42 CFR Part 2 governs these records, and patients must provide express written consent for their records to be shared. By aligning 42 CFR Part 2 with HIPAA, providers could automatically receive records that show, for instance, cases where a surgery patient had a history of opioid abuse, allowing providers to consider that when developing the post-surgery treatment plan. This could prevent potentially devastating outcomes where a provider would otherwise not have that information, putting a patient at risk for relapse.

HR 5797, the IMD Care Act would open up more treatment locations for opioid patients covered by Medicaid. Under current law, fee-for-service Medicaid will not pay for treatment in Institutions of Mental Disease (IMD), facilities that provide primarily psychiatric care and have more than 16 beds. This legislation will allow those Medicaid patients to receive care in these additional settings for up to 30 days. This should help more patients receive care when and where they need it, leading to fewer overdose patients ending up in hospital emergency rooms.

WHA President/CEO Eric Borgerding sent a letter to all Wisconsin House members June 12 urging the House to take up these important measures and the Wisconsin delegation to support them.

“We were very pleased to see both these bills pass the House with wide bipartisan support. These are important reforms that will lead to better care at Wisconsin hospitals and better outcomes for patients seeking treatment for opioid addiction,” said Borgerding.

These bills, along with more than 40 other opioid reform bills will now go to the U.S. Senate, which is expected to take up its opioid reform proposals in July.

## GME Program Focus in Upcoming Budget

State agencies are already planning for the 2019-21 biennial budget and so is WHA, focusing on issues of ongoing and emerging importance to hospitals and health systems across the continuum of care. The Graduate Medical Education (GME) program will again be a budget priority to help address Wisconsin’s physician shortage now and in future, particularly as our population over the age of 65 is expected to double by 2030.

“In 2011, WHA authored a [report](#) ringing the alarm bell that we will need 100 new physicians each year—and that alarm bell is still very much ringing,” said WHA President/CEO Eric Borgerding. “GME is a great example of how WHA and our many valuable partners use public policy to address and solve workforce challenges, and it will again be a priority for us in the state budget. We’ll be looking at strategies to better target dollars for greatest impact while ensuring long-term sustainability of funding.”

Linda McCart from DHS’ Office of Policy and Budget Initiatives was a guest at WHA’s June 21 Board meeting to discuss the GME program. She noted the initiative is having a significant impact already in the state:



DHS’ Linda McCart speaks at WHA’s Board Meeting June 21

- Wisconsin will have 133 more residents in the pipeline by 2020. Compare that to 2013 when there were zero new residents in the pipeline.
- The GME psychology program will produce four new psychiatrists per year starting in June 2021. The first psych residents started in July 2017 to complete their four-year residency. In June 2024, Wisconsin will reach its goal of having 16 new psychiatrists—with the majority of their training done in rural clinical settings.

DHS is also implementing new, WHA-backed clinical training grants in rural hospitals and clinics. Two new programs, which focus on training physician assistants, advanced practice registered nurses, and other high-demand professions, such as CNAs, are now up and running.

“WHA makes a great partner. We needed someone to help get this program off the ground, and we have been very successful in a very short period of time,” said McCart.

McCart encouraged those interested in participating in any of these new, matching grant funded training programs to contact her directly at [linda.mccart@dhs.wisconsin.gov](mailto:linda.mccart@dhs.wisconsin.gov).

### GME Residency Grant Applications Available

July 10 Conference call for applications at 2:00 PM  
 July 12 Notice of Intent to Apply due by 2:00 PM  
 Aug. 2 Applications due by 2:00 PM

For more information, visit the DHS website

## WHA Comments on CMS Proposed IPPS Rule

### Price transparency, removing duplicative quality measures and reforming EHR

On June 25, the Wisconsin Hospital Association (WHA) submitted comments to the Centers for Medicare and Medicaid Services (CMS) on the proposed FY 2019 Inpatient Prospective Payment System (IPPS) rule for acute care and long-term care hospitals.

Among the list of topics covered were CMS efforts to promote hospital price transparency, removing and deduplicating various quality measures, and reforming the electronic health record (EHR) meaningful use program into a new program highlighting flexibility and interoperability.

- WHA highlighted its PricePoint website ([www.wipricepoint.org](http://www.wipricepoint.org)), which provides complete, accurate and timely inpatient and outpatient data about charges and services provided by Wisconsin hospitals and ambulatory surgery centers. WHA recommended CMS recognize Wisconsin and other states’ efforts to provide this information before adding unnecessary regulations that would increase hospitals’ administrative burden.
- WHA’s comments supported CMS proposals to remove duplicative measures from its Meaningful Measures framework for Hospital Inpatient Quality *(continued on page 4)*

## The GME Pipeline

MCW Northeast Wisconsin Psychiatry Residency Program Four-Year Residency, Four Residents Enrolled Each Year							
Jul-17	Jul-18	Jul-19	Jul-20	Jul-21	Jul-22	Jul-23	Jul-24
1 <sup>st</sup> CL – PGY1	1 <sup>st</sup> CL – PGY2	1 <sup>st</sup> CL – PGY3	1 <sup>st</sup> CL – PGY4	4 New Psychs			
	2 <sup>nd</sup> CL – PGY1	2 <sup>nd</sup> CL – PGY2	2 <sup>nd</sup> CL – PGY3	2 <sup>nd</sup> CL – PGY4	4 new Psychs		
		3 <sup>rd</sup> CL – PGY1	3 <sup>rd</sup> CL – PGY2	3 <sup>rd</sup> CL – PGY3	3 <sup>rd</sup> CL – PGY4	4 New Psychs	
			4 <sup>th</sup> CL – PGY1	4 <sup>th</sup> CL – PGY2	4 <sup>th</sup> CL – PGY3	4 <sup>th</sup> CL – PGY4	4 New Psychs
New PGY1 CL begins; cycle repeats							
PGY = program year, CL = class, New Psychs = new psychiatrists				New Psychiatrists = 16			

## Continued from page 3 . . . WHA Comments on CMS Proposed IPPS Rule

Reporting IQR, Hospital-Acquired Condition Reduction, Hospital-Wide Readmissions Reduction, and Hospital Value-Based Purchasing programs.

- Finally, WHA also provided comments to CMS proposals to reform the meaningful use program for electronic health records (EHR) to one promoting interoperability and flexibility. WHA recommended changes that align with the Trump administration's stated goals of minimizing the regulatory burden on hospitals so that any additional EHR requirements lead to health care cost savings and improvements in patient outcomes.

Read WHA's comment letter at [www.wha.org/pdf/2018WHAFY19-IPPS-Proposed-Rule-Comments.pdf](http://www.wha.org/pdf/2018WHAFY19-IPPS-Proposed-Rule-Comments.pdf).

## WHA Members Consider Ways to Improve Telehealth Access Under Medicaid

### *Telemedicine Work Group continues to help WHA develop its advocacy agenda*

As WHA continues to develop and refine its telehealth advocacy agenda, the WHA Telemedicine Work Group met last week to provide input to WHA on strategies for expanding Medicaid enrollee access to high-value health care delivered through telehealth.



*WHA's Telemedicine Work Group meeting June 25, 2018.*

At a previous Work Group meeting, WHA and the Work Group had identified Medicaid regulatory and reimbursement barriers that prevent hospitals and health systems from maximizing use of telehealth. At last week's meeting, the Work Group discussed strategies for addressing such barriers and improving Medicaid access to telehealth-delivered health care. Among such Medicaid strategies discussed by the Work Group are the following:

- Adding Medicare covered telehealth services to the list of telehealth services covered under Medicaid.
- Permitting payment for targeted telehealth services when such services are delivered in the patient's home. According to the Work Group, enabling payment for telehealth to the home can increase care plan adherence, avoid more expensive emergency department visits and hospitalizations,

and remove transportation-based barriers to health care access.

- Removing distinctions between how Medicaid covers and pays for telehealth services compared to how Medicaid covers and pays for analogous in-person services.

WHA's Telemedicine Work Group will continue to meet throughout 2018 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 [abrenton@wha.org](mailto:abrenton@wha.org) or 608-274-1820.

## FCC Increases Funding for Rural Health Care Program to \$571 Million Annually

### *The Rural Health Care Program provides funds to support the delivery of telehealth services*



Earlier this month, the Federal Communications Commission (FCC) issued an order unanimously approving an immediate \$171 million increase

for the federal Rural Health Care Program. The Rural Health Care Program provides reduced rates to rural health care providers for telecommunications and broadband services to enable and expand use of telehealth.

"This money will help health care providers get the connectivity they need to better serve patients throughout rural America," said FCC Chairman Ajit Pai.

Prior to the FCC's order, the Rural Health Care Program had been capped at \$400 million annually since 1997 and was not indexed for inflation. The decision to increase the annual cap by \$171 million brings the new annual cap to \$571 million, which represents what the funding level would have been had the original \$400 million cap been adjusted for inflation since 1997.

In addition, under the FCC's order, the new \$571 million cap will be adjusted annually for inflation, and unused funds may be carried forward to future years.

For questions regarding the Rural Health Care Program or telehealth generally, contact Andrew Brenton, WHA assistant general counsel, at [abrenton@wha.org](mailto:abrenton@wha.org) or 608-274-1820.

## Be Connected to Patients, Community and Each Other

### Key messages heard at the 2018 Rural Health Care Conference

This year's Rural Health Care Conference brought together more than 400 WHA members who heard these main messages from the keynote speakers: be connected to your patients, community, and each other. See through the eyes of your patient with kindness and compassion.



Attendees at the 2018 Wisconsin Rural Health Conference

## An Ethical Case for Excellence In Healthcare Delivery

### Seeing through the eyes of the patient



WHA President Eric Borgerding; Keynote Speaker Benjamin Anderson; WHA Council on Rural Health Chair Charisse Oland.

Thursday kicked off with Benjamin Anderson, CEO for Kearny County Hospital in Lakin, Kansas. The Washington Post calls Lakin the 10th most remote town in the U.S., and Anderson says

it's also the most racially and ethnically diverse in Kearny County.

The mission of Anderson's Kearny County hospital is, "enriching the lives of our families, friends and neighbors." In sharing his thoughts about a CEO's role in caring for patients, Anderson told a story about his newborn daughter, Naomi, who was close to death when she was 34 days old.

Naomi was admitted to Ashland Health Center with an elevated heart rate of 200+ beats per minute. As her health declined, she was med-flighted to Wichita for care closer to home. For nearly 10 hours, Anderson said he received little to no information from the pediatric cardiologist or other hospital staff in Wichita. He did not know about Naomi's state of care until a

physician friend came in and told him, "Your daughter is very sick! Her life is in danger. Were you aware of this?"

At that point, Anderson made a judgment call to move Naomi to Children's Hospital in Colorado. Problem: it was the middle of winter, the airport runway wasn't cleared, and the plane didn't have the life-support equipment necessary for transport. This lesson taught him that CEOs play a crucial role in developing partnerships that help support the safety and welfare of the patient.

When the runway was finally clear, Anderson moved ahead with the transfer. He was greeted by hospital staff in Colorado who involved him in the decisions surrounding Naomi's health care. Pediatric Cardiologist Dr. Shannon Buckvold explained what was going to be needed to help save Naomi, and stopped to ask Anderson the critical question: "Are you alright with this?"

It was the first time throughout the 15-plus hour ordeal that someone had stopped to involve Anderson in the care of his child. "Every parent of a child deserves to be involved in their plan of care," he said. The Denver hospital created a culture where everyone sees and values their role in patient health care – from physicians to the housekeeping staff.

Anderson's take-aways from the experience:

- Patients / parents should be involved in making decisions. This communication makes a difference about how the patient feels about their care.
- Every person working in a health care delivery system plays a role in saving and improving the care of the patient.
- When a patient discharges, we should ask them, "How are you? What are your barriers to wellness?" Anderson noted that patients may have issues such as transportation to appointments, or need to choose between food or their prescriptions.

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## The State of Health Care in Wisconsin



Tim Size and Eric Borgerding

The day continued with a presentation by Eric Borgerding, WHA President/CEO, and Tim Size, Executive Director of Rural Wisconsin Health Cooperative (RWHC), about the state of rural health care in our state.

In his remarks, Size noted the top issues facing rural health care including equitable Medicare/Medicaid funding, challenges with health plans and networks, and other items related to the consolidation of large payers and providers. Workforce is also a priority concern for RWHC, which is working closely with WHA and others to implement various public policy related solutions around physicians, nurses, and allied health professions. As more care is being delivered in the home by family members, RWHC continues to view engagement with family members as a key, yet underappreciated and under-resourced, pool of caregivers.

Size also discussed the importance of emphasizing what all rural and urban hospitals have in common, especially as part of the “volume to value” (V2V) transition. The V2V mantra is improving patients’ outcomes and experiences while minimizing associated costs, but it is important that in the drive for value, we do not lose track of the patient-provider connection. Size acknowledged the strong relationship between RWHC, WHA, and their respective leaders.

### Jerry Worrick Honored with Lifetime Achievement Award



Tim Size, Jerry Worrick, Eric Borgerding

President and CEO of Door County Medical Center, Gerald “Jerry” Worrick, was honored with WHA’s Lifetime Achievement Award at the conference. Door

County Medical Center is a critical access facility serving approximately 29,000 people from Door and Kewaunee counties year-round. That number explodes when more than 1.25 million visitors descend upon Door County every summer.

Worrick received the award in recognition of his leadership, service, and partnership with WHA in advocating for better health care for Wisconsin communities—serving a combined 45 years for WHA. He served on the WHA Board for eight years, including serving as chair in 2003. Worrick has been part of the Nominating and Awards, Council on Public Policy, the Property, Financial Solutions and Advocacy committees—and last but certainly not least, on the Council on Rural Health for 14 years.

“Jerry has been a friend to many on the WHA team, past and present, for many of his over 30 years in Wisconsin,” Borgerding said. “He is trusted and admired by his colleagues, looked up to by the many of us he has in some way influenced, impacted or mentored, whether he knew he was doing so or not. I speak not only for myself, but for my predecessor Steve Brenton and many of the WHA staff, in saying thank you, Jerry, for being at our side; we have been privileged to be by yours.”

### Breakout Sessions

Thursday afternoon included a host of compelling breakout sessions—from UW-Madison professors and doctors discussing how to implement opioid prescribing guidelines to provider mental health by Dr. Christine Moutier, who recently co-anchored a CNN town hall with Anderson Cooper. There was a variety of physician, CEO and trustee topics to choose from. See [photos from the breakout sessions](#).

### Friday Keynote Speakers Shine at Rural Health Care Conference

#### “I Am an Ambassador for Goodness”



Tom Thibodeau

That was the message from Tom Thibodeau of Viterbo University to kick off Friday morning at the 2018 Rural Health Care conference. Thibodeau’s humor and passion were clear as he discussed the Positive Power of Servant Leadership.

He noted that everything we have is predicated on the service of another individual. Thibodeau encouraged leaders to “be close enough to the work” of their employees and

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pay attention to the good, because you “get more of whatever you pay attention to.”

***“Service is love made visible.”***

- Tom Thibodeau

- Experience joy, laugh with your employees. Leaders can create healthy environments for people with their words and presence.
- Bring your employees a sense of peace and comfort. Thibodeau noted that “frenzy is a contemporary form of violence.” Instead of being distracted or anxious when talking or meeting with employees, be intentional, deliberate, and focused. And when it comes to matters of the heart, take your time.
- Remind people how good they are. Employees want to stay – acknowledge and sincerely thank them for their service.

***“Leadership is the ability to influence and inspire every day. If we are good, kind and compassionate, it comes back to us.”***

- Tom Thibodeau

## ***Five Steps to Making the Impossible Possible***

Ben Nemtin, author and co-star of MTV’s *The Buried Life*, wrapped up the conference with his inspiring story of overcoming anxiety and depression.

Nemtin told the story of how he began a downward spiral into despair while at college. His grades began to suffer, and he was ultimately forced to drop out of school. Nemtin articulated the frustration he felt when he searched for helpful resources for teens suffering from mental health issues, especially men who are taught socially to “suck it up—be a man.”



Ben Nemtin

After reading the poem *The Buried Life* by Matthew Arnold, which expresses frustration and sadness about the human condition and unlocking the human spirit, Nemtin and three of his friends created a bucket list of “100 things to do before you die.” For every item

they accomplished, they vowed to help a stranger complete a bucket list item of their own. They called their adventures “*The Buried Life*” in homage to the poem that inspired the bucket list in the first place.

The group of friends had lofty goals ahead of themselves, from singing the national anthem to a packed stadium to playing basketball with the President, Nemtin noted there will always be doubters, but you have to move forward.

***“The two most important days in your life are the day you were born and the day you find out why.”***

- Mark Twain

“By doing what you love, you inspire others to do what they love,” said Nemtin. Nemtin encouraged the WHA audience to make bucket lists of their own to help identify what’s important in their lives.

From there, he laid out the five steps to making the impossible possible:

1. **Write.** Write down your goal – it makes the idea real and tangible, gives it a foundation to grow.
2. **Share.** Share your goal so someone can help you.
3. **Persist.** Consistency of effort creates a quality product.
4. **Moonshots.** Aim high – most people are afraid to aim for the moon, so “there’s more competition among mediocrity.” Go for those seemingly impossible goals – aim high and be persistent.
5. **Give.** Give back – help others achieve their dreams and goals.

### **Nemtin’s Suggested Resources**

**Facetheissue.com:** Tools to begin the difficult conversations about mood, eating and neurotic disorders

**Crisis Text Line:** Text “home” to 741741. Teens and others can text 24/7 to receive support during an emotional crisis. All conversations are monitored and operators can deploy local resources, if needed.

# Political Action Spotlight

## Wisconsin Hospitals State PAC & Conduit Continues with Momentum

### See full contributor list

The Wisconsin Hospitals State PAC & Conduit heads into summer with momentum raising an additional \$35,000 this month and adding 36 donors. A total of \$173,515 has been contributed to date by 163 individuals, holding a strong average contribution of \$1,064 per individual!

The 2018 fundraising goal is \$312,500, putting the Wisconsin Hospitals State PAC & Conduit at 56 percent of the year-end goal.

Take a look at the full list of contributors below.

To make sure your name is on future contributor lists, make your personal contribution today at [www.whconduit.com](http://www.whconduit.com) or by contacting WHA's Kari Hofer at [khofer@wha.org](mailto:khofer@wha.org) or 608-268-1816 or Nora Statsick at [nstatsick@wha.org](mailto:nstatsick@wha.org) or 608-239-4535.

#### Contributors ranging from \$7,500 to \$10,000 - Leaders Circle

Borgerding, Eric & Dana	Wisconsin Hospital Association
Troy, Ronald & Peggy	Children's Hospital of Wisconsin
Tyre, Scott	Capitol Navigators, Inc.

#### Contributors ranging from \$5,000 to \$7,499 - Leaders Circle

Size, Tim	Rural Wisconsin Health Cooperative
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Boatwright, Damond	SSM Health
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Duncan, Robert	Children's Hospital of Wisconsin
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Hoelter, Jon	Wisconsin Hospital Association
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Lindberg, Steve	Mayo Clinic Health System - Red Cedar
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Bloch, Jodi	Children's Hospital of Wisconsin
Brenton, Andrew	Wisconsin Hospital Association
Buck, Catherine	Froedtert Health
DeGroot, Dan	Stoughton Hospital Association
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Dietsche, James	Bellin Hospital
Edwards, Gordon	Marshfield Clinic
Ericson, Allen	Froedtert & MCW St. Joseph's Hospital Cam- pus
Froemming, Lisa	Ascension Wisconsin
Hafeman, Paula	HSHS - Eastern Wisconsin Division
Levin, Jeremy	Rural Wisconsin Health Cooperative
Miller, Kimberly	Beaver Dam Community Hospitals
Mueller, Jennifer	WHA Information Center
Murali, Narayana	Marshfield Clinic
Nelson, Duane	Children's Hospital of Wisconsin
Norell, Brett	Franciscan Sisters of Christian Charity spon- sored
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Reding, Douglas	Ascension Wisconsin
Schafer, Michael	Spooner Health System
Sohn, Jonathan	Ascension Wisconsin
Van Meeteren, Bob	Reedsburg Area Medical Center

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Gustafson, Andy & Sara	SSM Health
Gutsch, Michael	Cumberland Healthcare
Hartberg, David	Gundersen - Boscobel Area Hospital and Clinics
Heaney, Dwight	Fort HealthCare
Hillig, Andrew	Ascension Wisconsin
Hogan, Denis	Bellin Health System
Jensem, Christine	HSHS - Eastern Wisconsin Division
Johnas, Lora	HSHS - Sacred Heart Hospital
Kellar, Richard	Aurora West Allis Medical Center
Kneiser, Patti	Froedtert & The Medical College of WI
Larson, Margaret	Affinity Health - Mercy Medical Center
Layman, Ben	SSM - St. Mary's Janesville Hospital
Logemann, Cari	Aspirus
Logsdon, Jamie	Ascension Wisconsin
Lux, Teri	Froedtert & MCW Community Memorial Hospital campus
Lynch, Sue	Franciscan Healthcare Auxiliary
Marquardt, Amy	Hospital Sisters Health System
McNally, Maureen	Froedtert & The Medical College of WI
Miller, Thomas	Children's Hospital of Wisconsin

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Nelson, James	Fort HealthCare
O'Brien, Colleen	Bellin Health System
O'Keefe, James	Mile Bluff Medical Center
Page, Alison	Western Wisconsin Health
Rakowski, Mark	Children's Hospital of Wisconsin
Roesler, Bruce	The Richland Hospital
Rude, Nels	The Kammer Group
Rutkowski, Jennifer	Grant Regional Health Center
Shabino, Charles	Wisconsin Hospital Association
Sprecher, Lon	
Stuart, Philip	Tomah Memorial Hospital
Thompson, Mark	Aurora Health Care
Voelker, Thomas	Aspirus Riverview Hospital & Clinics
Wolf, Edward	Marshfield Medical Clinic

**Contributors ranging from \$1 to \$499**

Ashenhurst, Karla	Ministry Health Care
Bagnall, Andrew	HSHS-Sacred Heart Hospital
Bard, Jeffrey	Aurora Medical Center - Oshkosh
Brenner, Holly	SSM Health - St. Agnes Hospital
Budd, Aaron	SSM - St. Mary's Hospital
Byrne, Frank	SSM - St. Mary's Hospital
Clark, Julie	HSHS - St. Joseph's Hospital
Cliffe, Elizabeth	Ascension Wisconsin
Collins, Sherry	Wisconsin Hospital Association
Competente, Brian	WHA Information Center
Dettman, Amy	Bellin Health System
Dirkse, Kathryn	
Dresang, Andrew	Froedtert Health
Dux, Larry	Froedtert & MCW Community Memorial Hospital campus
Evenson, Rock	Froedtert & The Medical College of WI
Ewald, Sandra	Aurora Health Care
Fielding, Laura	Holy Family Memorial, Inc.
Grasmick, Mary Kay	Wisconsin Collaborative for Healthcare Quality
Gustafson, Andy	SSM Health
Hardin, Scott	Aurora Health Care
Kaufmann, Marilyn	Holy Family Memorial
Kennedy, Erik	Aurora Health Care
Lee, Don	Ascension Medical Group
Levin, Sandra	
Mance, Jennifer	Children's Hospital of Wisconsin
McCawley, Thomas	Beloit Health System
McManmon, Kristin	Wheaton Franciscan - All Saints
Prise, Eric	Tomah Memorial Hospital
Prunty, Brian	
Rogers, Tracy	Ascension Wisconsin
Roller, Rachel	Aurora Health Care
Ross, Daniel	Wheaton Franciscan - All Saints
Roundy, Ann	Columbus Community Hospital
Selberg, Heidi	HSHS - Eastern Wisconsin Division
Shear, Ryan	Reedsburg Area Medical Center
Statsick, Nora	Wisconsin Hospital Association
Stephens, Brian	Door County Medical Center
Tapper, Joy	Milwaukee Health Care Partnership
Trinkner, Steve	Wisconsin Hospital Association
Waldoch, Timothy	Ascension Wisconsin
Williams, Janice	Wisconsin Hospital Association
Wysocki, Scott	SSM - St. Clare Hospital & Health Services