

HSHS Hosts Governor, Rep. Nygren at Community Listening Session on Opioid Abuse



Gov. Walker met with Ashok Rai, MD, President/CEO, Prevea Health, Inc., and Therese Pandl, President/CEO, HSHS Eastern Wisconsin division, at a listening session on opioid abuse January 15.

The stories were heartbreaking from parents, family members and even a county judge. But the message to health care providers was clear: More needs to be done to stop the epidemic of opioid and heroin abuse that is sweeping across the country and Wisconsin.

Gov. Scott Walker and Rep. John Nygren, along with his daughter Cassie, participated in a community listening session January 15 hosted by HSHS and Prevea. More than 50 people attended, including many parents of children who had died of or were struggling with a heroin or opioid addiction, treatment providers, physicians, representatives from law enforcement and members of support groups. Many expressed their gratitude to Nygren for his leadership on the issue while they also praised the Governor for his support. *(continued on page 11)*

Wisconsin Medical Examining Board Halts Action on Telemedicine Rules after Public Testimony

Citing WHA's months-long information gathering and analysis process, WHA Vice President for Workforce and Clinical Practice Steven Rush provided testimony at the January 20, 2016 Medical Examining Board's (MEB) public hearing on proposed physician telemedicine practice regulations (Med 24). Input from WHA's Taskforce on Telemedicine, as well as that provided by WHA's Physician Leaders Council and other key stakeholders informed much of the position taken by WHA regarding the proposed Med 24 rule (see https://docs.legis.wisconsin.gov/code/misc/chr/lc_rulertext/cr_15_087_rule_text_filed_with_lc_clearinghouse.pdf).

In a formal comment letter submitted to the MEB (www.wha.org/pdf/WHATElemedMEBTestimony1-19-16.pdf), WHA President/CEO Eric Borgerding, Chief Medical Officer Chuck Shabino, MD, and 15 other hospital leaders explained their general concern with the direction of this new regulation.

"Telemedicine is a tool used in the delivery of medicine and is not a separate clinical specialty; it is not a different type of medical practice, and does not broadly require a distinct and different set of regulatory guidelines or rules," states the letter.

"[The proposed] increased regulatory complexity could decrease the provision of care via telemedicine and a similar reduction in patients choosing telemedicine as an option in which to receive their care," continues the letter. "All of this could have very direct impact on access, quality and value of the medical care being delivered in Wisconsin." *(continued on page 10)*

Governor Mentions Possible Savings from State Employee Health Insurance Reform in Annual Address

WHA, legislative leaders react with caution to Governor's comments



Gov. Scott Walker

In his sixth State of the State address delivered January 19, Gov. Scott Walker broadly outlined his key priorities for 2016 and pledged to use any savings from reforms to the state employee health insurance plan to fund education initiatives. In public interviews later in the week, Walker made clear that he did not necessarily propose self-insuring the state employee health insurance program in his speech, but said the reform “could be that option [self-insurance]” or “could be another one that doesn’t do self-insured at all.”

In a statement following Walker’s address, WHA said Wisconsin has a national reputation for delivering some of the highest quality, highest value health care in the nation. Similarly, Wisconsin’s current approach to state employee health insurance, which relies on competition among some of the highest performing, and Wisconsin-based, health plans in the country, has a track record of strong performance.

“We applaud the Governor for his commitment to innovation, reform and ongoing partnership with the health care community. However, drastically altering this successful system could result in unintended consequences for Wisconsin’s health insurance marketplace, those covered under that state insurance plan and state finances,” according to WHA President/CEO Eric Borgerding. “The state’s own studies of self-funding have reached differing conclusions as to its benefit, with one analysis estimating it could cost Wisconsin upwards of \$100 million.”

Members of the Legislature were publicly wary of the potential change, with several legislative leaders discussing the need for more information regarding any change to the program.

Rep. John Nygren, who has previously raised concerns with the plan, told the media he is concerned with the likely impact of this decision to the health care marketplace and the potential of shifting costs to private-sector payers of health care.

“The taxpayers pay for our benefits as state employees, and if we shift costs from the state plan to their plans, they’re paying for it twice,” said Nygren to Wisconsin Capitol news reporting service WisPolitics.

Senate Majority Leader Scott Fitzgerald said the Legislature will need to see some strong evidence that the decision to alter Wisconsin’s state employee health insurance program will benefit the state as a whole.

“I think it would take a lot of convincing to get the Legislature to move forward without seeing some hard numbers on what the benefit would be,” said Fitzgerald in an interview with the *Milwaukee Journal Sentinel*.

Borgerding said any change of this potential magnitude warrants thorough vetting of assumptions and consideration of the risks and, “We look forward to working with the Governor and the Legislature to ensure a complete understanding of the impact of any potential changes before the Legislature moves forward.”

In December 2015, Walker signed into law Assembly Bill 394 as 2015 Wisconsin Act 119, which gave the state’s Joint Finance Committee the authority to approve or reject a proposed contract by the Group Insurance Board (GIB) to provide a self-funded group health plan to state employees.

The next regularly scheduled meeting of the GIB will be February 17, when they will consider whether or not the state should release an RFP (Request For Proposal) to implement a regional or statewide self-insurance model for the state employee health insurance program.

President's Column

This article was solicited by the Wisconsin Bankers Association (WBA) for inclusion in their 2016 Economic Forecast. To read all of the 2016 WBA Economic Forecast guest columns, go to:
www.wisbank.com/LinkClick.aspx?fileticket=QmdbqpHMzIQ%3d&tabid=584

In health care, particularly in Wisconsin, it's impossible to look ahead to 2016 without recounting 2015, another year of high points in Wisconsin Health Care. Since the WBA's last economic forecast:

- The UW Extension reported that patients traveling to Wisconsin for our high-quality health care added \$3 billion to the state economy and supported some 6,400 jobs here.
- A study by UW-Whitewater tabbed Wisconsin as having the third most efficient health care system in the country, delivering a strong ROI for employers' health care dollars.
- The respected National Committee for Quality Assurance (NCQA) gave seven Wisconsin-based, provider-owned health insurance plans its highest ratings, making Wisconsin one of NCQA's top performing states.
- The highly regarded Agency for Healthcare Research and Quality (AHRQ) ranked Wisconsin as having the second highest quality health care in the nation. Wisconsin has been at or near the top of the AHRQ rankings since 2005.

Bottom line...Wisconsin's hospitals and health systems remain on a positive trajectory and are well positioned for the systemic changes gripping the health care system.

Looking ahead, 2016 will see continuing evolution in how health care is paid for and, as a result, how health care is delivered. The latest example begins this April when Medicare starts paying larger hospitals a single "all-in" fee for a knee or hip replacement. Known as a "bundled payment," it means being paid once for an entire "episode" of care rather than each time a service within that episode is rendered. Further, the final bundle amount will be adjusted for the quality of care given—better outcome means higher payment, and vice versa. In other words, hospitals are bearing more of the risk (and reward) that has typically been the realm of insurance companies. Shifting risk, and moving payment from "volume to value" is driving greater efficiency, better outcomes and massive reconfiguration of how health care systems are structured, aligned, resourced and staffed. Given Wisconsin's long-standing commitment to high-quality outcomes and high-value care, these are reforms Wisconsin can leverage to our advantage.

2016 also marks the third year of Obamacare, and by most measures insurance coverage has expanded across the country since its inception. In Wisconsin, there's been an estimated 19 to 32 percent reduction in the number of uninsured, including some 180,000 people obtaining insurance on the health insurance exchange. While this is very positive, there are problems on the horizon. Nearly 90 percent of those with exchange coverage in Wisconsin receive a large (and costly) federal subsidy that pays most of their premiums. Insurance companies also receive a subsidy to keep premiums lower. Demand for both subsidies is growing at the same time some large insurance companies are threatening to pull out of the exchanges. These developments may boost efforts to "repeal and replace" Obamacare, but unwinding what is rapidly becoming a new, and popular, entitlement is easier said than done, and carries with it massive implications for employers, insurance companies, health care providers, taxpayers *and politicians in an election year.*

There are potent forces converging to rapidly redraw the health care landscape, and no one can be sure what the next 12 months will bring. But of one thing we can be certain—*health care is one of Wisconsin's greatest assets.* High-quality, high-value health care has become synonymous with Wisconsin and is one of the reasons we are on solid ground as the health care world changes around us.

To learn more about how Wisconsin health care is ahead of the curve, please visit us at:
wihealthcarevalue.org.

Eric Borgerding
President/CEO

Ministry Saint Mary's Hospital Hosts Legislators



Leaders from Ministry Health Care recently met with two area legislators to update them on the important and expanding role telemedicine plays in providing medical services to rural areas of Northern Wisconsin.

State Sen. Tom Tiffany (R-Hazelhurst) and State Rep. Rob Swearingen (R-Rhineland) joined Ministry leaders at Ministry Saint Mary's Hospital, Rhineland to gain information and insight on the use of telemedicine at several facilities in the Northwoods, including a demonstration of cutting edge technology that links patients in one location to a physician located elsewhere.

"We are grateful for the interest of our elected officials. They understand the challenges facing rural health care, and we appreciate their support for our operations that fill a critical role in the communities we serve. Telemedicine is a major component of our work, and it is growing," said Shish Sheth, MD, regional vice president for Ministry Medical Group's Northern Region.

Ministry officials also thanked the legislators for their support of Wisconsin Act 116, allowing the state of Wisconsin to enter the Interstate Medical Licensure Compact. Under the terms of the Compact, eligible physicians will be able to

practice in multiple states through an expedited licensing process. Wisconsin joins 11 other states, including Minnesota, Iowa, and Illinois, to offer this expedited license, thereby expanding access to care. Telemedicine use and capabilities are expected to increase under the Compact as physicians seek ways to provide cost-effective and efficient treatment to patients in other states.

Finally, Sen. Tiffany and Rep. Swearingen heard from a Ministry Health Care physician assistant (PA) about the important role PAs play in rural health care, especially in light of the physician shortage. It was explained that PAs do more than just primary care. The legislators were able to meet two PAs who practice in the emergency department and learned there are PAs at work throughout various departments within the hospital expanding access to care for patients.



l to r: Kathy Richard-Bess, Regional Administrator, Ministry Medical Group; Shish Sheth, MD, Regional Vice President for Ministry Medical Group; Rep. Rob Swearingen; Paula Havisto, PA-C; Laurie Oungst, Regional Vice President-Operations, Ministry Health Care; John Almquist, MD, Regional Medical Director, Hospitalist Services, Ministry Health Care; Sen. Tom Tiffany; Connie Schulze, System Director, Advocacy and Public Policy, Ministry Health Care.

The Value of WHA Advocacy Day *Register today for the March 30 event*

Every year, dozens of hospitals leaders, employees, board members and volunteers from Columbus Community Hospital (CCH) attend the Wisconsin Hospital Association's Advocacy Day event. Why? Because it matters.

"We have a very proactive group who strongly believes in the power of actively supporting health care by engaging in the legislative process," said CCH President & CEO John Russell. "That is why every year our leaders and volunteers are excited to attend Advocacy Day and to speak up on behalf of our hospital and patients."



In 2015, not only did CCH join 1,100 other hospital advocates from across the state at Advocacy Day to hear from national and state speakers, but they committed to meeting with their legislators in the afternoon on priority hospital issues. The results of those collective efforts included helping ensure legislative approval of the Medicaid Disproportionate Share Hospital funding in the state budget and enactment of the Interstate Physician Licensure Compact Legislation, which was signed into law by Gov. Scott Walker December 14, 2015.



Left: CCH in the Capitol on the way to legislative meetings. Right: CCH meeting with Rep. John Jagler, far right.

We'll need everyone again this year at 2016 Advocacy Day. It's one of the best ways hospital advocates can make an important, visible impact in the State Capitol. At 2016 Advocacy Day, you will hear keynote Rick Pollack, president and CEO of the American Hospital Association (AHA). He's been a member of AHA's advocacy team for the past 33 years and will share his Washington DC insider's view of federal issues during this, a presidential election year. Our bipartisan legislative leaders panel will round out the morning session followed by a luncheon keynote address from Gov. Walker (invited). Then it's off to the state capitol for legislative meetings. WHA provides an issues briefing and schedules all meetings for you. *(continued on page 6)*

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Make sure you're assembling your hospital groups now since 2016 **Advocacy Day is a full month earlier than last year.** This great event is set for March 30 at the Monona Terrace in Madison. Register now at <http://events.SignUp4.net/16AdvocacyDay0330>.

For Advocacy Day questions, contact Jenny Boese at 608-268-1816 or jboese@wha.org. For registration questions, contact Jenna Hanson at jenna.hanson@wha.org or 608-274-1820.

New Measures Added to CheckPoint

As the health care market changes, consumers are more involved in choosing their insurance plans and health care providers. WHA's CheckPoint website (WiCheckPoint.org) continues to offer consumers valuable information about the quality of hospital care for every acute care and critical access hospital in Wisconsin. CheckPoint continues the 11-year tradition of voluntary public transparency of hospital quality results, with the reporting of over 60 measures by 128 hospitals.



The science of health care measurement is continuing to advance with more focus on measuring outcomes of care. These important measures reflect the results of care, including readmissions, complications and infections. The WHA Measures Team and Board of Directors have approved adding 19 new outcome measures this month. These measures cover a wide variety of high-volume clinical topics, and unlike many other sites, represent results for patients from all payer sources.

The list of new outcome measures added to CheckPoint includes:

- Patients Understood Their Care When They Left the Hospital
- 30-Day Readmissions for Stroke, Chronic Obstructive Pulmonary Disease and Joint Replacement
- Joint Replacement Complications
- Clostridium difficile Infections
- Methicillin Resistant Staph aureus Infections
- Falls with Major Injury
- Patient Safety Indicator (PSI)-90 Patient Safety Index
- PSI-3 – Pressure Ulcers
- PSI-6 – Pneumothorax
- PSI-8 – Post-operative Hip Fracture
- PSI-9 – Post-operative Hemorrhage
- PSI-10 – Post-operative Kidney Complications
- PSI-11 – Post-operative Respiratory Failure
- PSI-12 – Post-operative Blood Clots
- PSI-13 – Post-operative Sepsis
- PSI-14 – Post-operative Wound Dehiscence
- PSI-15 – Accidental Punctures and Lacerations

"Our goal at WHA is to be as transparent as possible while being mindful of hospitals' resources. That is why most of the new measures are aligned to national and state quality initiatives that hospitals are already collecting," according to WHA Chief Quality Officer Kelly Court. "Being transparent with hospital quality results helps keep Wisconsin accountable for continued high performance."

Columbus Health Care Trustee Honored with WHA Award

Kraus presented with 2015 Trustee of the Year



Bruce A. Kraus, MD received the award in front of more than 200 supporters of Columbus Community Hospital during the organization's annual gathering January 18 at Savanna Oaks Community Center in Fall River, WI.

Bruce Kraus, MD, who has served on the Board of Directors for the past 17 years at Columbus Community Hospital (CCH), received the Wisconsin Hospital Association's 2015 Trustee of the Year Award. Dr. Kraus was nominated by CCH President/CEO John Russell. WHA President/CEO Eric Borgerding presented the award in Columbus January 18.

Since joining the Columbus Board, Dr. Kraus has exemplified leadership and service to his community and patients. Described by Russell as a "staunch patient advocate with a passion for rural health care," Dr. Kraus has been a stabilizing influence in the organization for many years.

"Dr. Kraus's many strengths have helped the hospital continuously evolve and improve as an organization," according to Russell. "All of the leadership activities, whether clinical or administrative, have been undertaken by Dr. Kraus for the good of our local community hospital and the communities we serve."

Dr. Kraus grew up on a small farm near Clinton, received his medical degree at the University of Wisconsin Medical School, and after a residency in California, practiced in Columbus. He has supported the evolution of the nurse practitioner roles over the years. He has received numerous awards, including being named the Addis Costello Internist of the Year and Meritorious Service Award from the Wisconsin Medical Society.

During his presentation, Borgerding also took the opportunity to recognize the contributions CCH CEO John Russell has made to WHA.

"John has been an incredibly dedicated advocate for CCH and rural health care and a tremendous partner with WHA," said Borgerding.

Since 2008, Russell has made numerous trips to Washington DC with WHA, engaged with his state elected officials and served on nearly a dozen WHA councils and task forces. He is a member of the WHA Board and chairs the WHA Audit and Investment Committee.

Dibbert Joins WHA



Beth Dibbert

Beth Dibbert has joined WHA's staff as director of quality reporting and performance improvement. Dibbert is a Certified Professional in Healthcare Quality (CPHQ) with more than 35 years of health care experience in a variety of roles and settings. Most recently, Dibbert served as a quality services senior manager for the Rural Wisconsin Health Cooperative (RWHC), where she advised members in regulatory and accreditation compliance strategies, quality improvement, and clinical quality data management.

Dibbert has served on several state and national task forces for clinical quality and patient safety, including serving on The Joint Commission's technical advisory panel for the creation of a set of critical access hospital (CAH) centric quality measures, as well as co-authoring with the Wisconsin Office of Rural Health a set of meaningful use manuals that identify the challenges of electronically reporting. Through a recent collaboration between WHA and RWHC, Dibbert co-created the Wisconsin Quality Residency, a program designed to provide hospital leaders the training necessary to be successful in the highly dynamic health care quality leadership role. *(continued on page 8)*

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“Beth brings a new depth and level of expertise to our quality improvement team at WHA,” according to Kelly Court, WHA chief quality officer. “Her leadership and knowledge will be tremendous assets to our members and to our staff.”

Quality Residency Graduates First Class of Residents

The Quality Residency program, formed by WHA and the Rural Wisconsin Health Cooperative (RWHC), graduated its first class of residents. The first class of 25 residents completed their residency January 15. The program was created in 2014 to support new hospital quality staff with training and a support network with other quality professionals.

A role in a hospital quality department is often filled by a health care professional who was hired or “promoted” from within, either by virtue of employment tenure or superior performance in their direct care position. Quality roles are complex due to the wide range of roles and responsibilities and lack of formal training programs. The multiple roles often include being responsible for regulatory or accreditation requirements, basic risk management skills, quality data reporting methods, data analysis, and ensuring quality improvement efforts are successful. These challenges are compounded in rural areas because of both geographical and professional isolation.



Graduates of the first Quality Residency Program, January 15, 2016.

The residency program brings participants together for face-to-face learning and networking. The faculty for the program includes staff from WHA, RWHC, several outside consultants and experienced peers from other Wisconsin hospitals. The second class will begin their year of learning in March 2016. The program is structured as ten independent modules, which allows new participants to join at any time during the year.

As hospitals have experienced the success of the program they are now expanding on the original intent and using the program as part of succession planning for future quality leaders. The reputation of the program has also spread to other states, and WHA has helped the Iowa Hospital Association replicate the program in Iowa.

“This program has been very rewarding for the residents and the quality teams at both WHA and RWHC,” says Kelly Court, WHA chief quality officer. “The program has resulted in shared learning, a professional network and new friendships that will continue to strengthen the quality work in our state for many years to come.”

There is still time to enroll in the second class. For more information contact Kelly Court at kcourt@wha.org.

ThedaCare, Bellin to Participate in Next Generation ACO Model

Two Wisconsin health systems recently announced they will be participating in the Next Generation ACO Model, the Centers for Medicare & Medicaid Services' (CMS) newest Accountable Care Organization (ACO) model.

Bellin Health and ThedaCare, along with a number of independent physician partners, jointly participated in CMS' Pioneer ACO Model for the last three years through a collaboration known as Bellin-ThedaCare HealthCare Partners. The partnership received national recognition for generating nearly \$14 million in savings and achieving the highest quality scores; it has been the highest quality, lowest cost ACO for Medicare in the country.

This year, Bellin, participating as Bellin Health Partners, and ThedaCare, participating as ThedaCare ACO, will participate separately. CMS describes the Next Generation ACO Model as an initiative for ACOs experienced in coordinating care for populations of patients. The model will allow organizations like ThedaCare and Bellin to assume higher levels of financial risk and reward than are available under the Pioneer ACO Model and other CMS ACO programs and initiatives. Since passage of the Affordable Care Act, 477 Medicare ACOs have been established in 49 states and the District of Columbia, serving nearly 8.9 million Americans with Medicare.

ThedaCare has moved beyond the Pioneer, said Dean Gruner, MD, president and CEO of ThedaCare. "Our participation in these models benefits all of our patients because we take what we learn and spread it throughout ThedaCare. We are redefining better," Dr. Gruner said

"In essence, we are graduating from Pioneer. Next Generation offers greater opportunities for patient engagement, including increased care coordination, home visits and using video conferencing to connect patients with specialists," said George Kerwin, Bellin Health president/CEO. "What's most exciting is how our participation in these models benefits all of our patients because we take what we learn and apply it to our system as a whole. We are at the forefront of transforming health care."

Twenty-one ACOs from across the nation will participate in the Next Generation ACO Model. The initial commitment is three years, with two optional one-year extensions allowed.

Member News: Rohrer is New Director of Madison VA Hospital



John Rohrer

John Rohrer was formally sworn in as the new director of the William S. Middleton Memorial Veterans Hospital in Madison January 11. Rohrer replaces Judy McKee, who retired as the hospital director last June.

Rohrer had been acting director of the Madison VA Hospital since October 18, 2015. He also served as acting director of the Tomah VA Medical Center from March to October 2015, and associate director of the Madison VA Hospital beginning in 2012.

Rohrer began his 26-year career in the Department of Veterans Affairs as an administrative intern at the Madison VA in 1986. He later served as a medical administrative service trainee in Madison and then as assistant chief of medical administration service in Asheville, N.C.

Following four years in the private sector as a health care space and facility management consultant, Rohrer returned to the Madison VA Hospital as assistant chief of medical administration service, the dual role of managed care director/VISN 12 community-based outpatient coordinator, and then chief strategy and planning officer.

Originally from La Crosse, Rohrer holds a Master's Degree in Public Administration and Health Services Administration from the LaFollette Institute of Public Affairs, University of Wisconsin-Madison.

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William S. Middleton Memorial Veterans Hospital is a Madison-based, 129-bed facility that provides health care for about 42,000 veterans who live in a 13,600 square mile primary service area comprising 15 counties in south central Wisconsin and five in northwestern Illinois. The hospital also operates an annex primary care clinic in Madison and community-based outpatient clinics in Baraboo, Beaver Dam and Janesville, WI, and in Rockford and Freeport, IL.

The main hospital includes 85 acute care beds, 18 beds in the hospital's residential rehabilitation treatment program, and a community living center provides an additional 26 beds for sub-acute transitional care, rehabilitation and hospice care.

The total veteran population in the Madison VA Hospital's primary service area is more than 120,000.

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Rush further explained that only a few issues covered by the proposed rules might warrant further analysis, but even those "do not constitute an issue large enough to promulgate an entire new chapter of administrative code."

Rush asked the Board to refrain from creating significant regulatory differences between the practice of medicine via a telemedicine platform and the general practice of medicine. That is, telemedicine is a tool, or a platform, and not a distinctively different type of medicine that creates a significantly different duty or responsibility for physicians than what otherwise already exists.

Dr. Tom Brazelton, medical director for telemedicine, UW Health, supported this concept in his testimony. He stated he has hopes that in five to 10 years the medical community no longer makes that distinction, and that telemedicine is seen as merely a tool that allows medical providers to increase access, provide high-quality care and to "get at the core of the triple aim." Brazelton is just one of many physicians, hospital chief medical officers and telemedicine leaders who signed on to WHA's formal comment letter.

More than an hour of testimony given by 13 different individuals or organizations resulted in the MEB deciding to suspend all formal action on their proposed telemedicine rule and, instead, take time to revisit sections of this rule for more thorough analysis by the Board. MEB Chair Ken Simons, MD thanked stakeholders present at the hearing for their thoughtful input, and stated it is clear there is a lot of work to be done by the Board as they evaluate the large amount of input they received at the hearing.

While WHA expects the MEB to continue looking at potential regulations for the delivery of care via telemedicine, WHA will remain very actively engaged on this topic with member involvement continuing to be provided by WHA's Task Force on Telemedicine, WHA's Physician Leaders Council and feedback from key stakeholders. WHA members with questions about the MEB's action or WHA's position on the proposed telemedicine regulations can contact Steven Rush at srush@wha.org.



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The group offered several suggestions to the Governor and Rep. Nygren, based on their experiences, which included:

- Expediting the licensing process for out-of-state mental health professionals who want to practice in Wisconsin;
- Training and recruiting more health care professionals to work in the field of addiction/substance abuse;
- Integrating addiction and rehabilitation training into the education curriculums for health care professionals in related fields so they do not have to complete additional, lengthy requirements before they can treat those with substance abuse issues;
- Lengthening the treatment programs to provide ample time for those struggling with substance abuse to address the psychological aspects of the disease; and,
- Providing more resources for the families.

"It was heartbreaking to hear these stories from grieving parents. For those of us working in health care, it is a call to action," said Therese Pandl, president/CEO, HSHS Eastern Wisconsin division, who is leading WHA's opioid response efforts. "It is clear that those of us serving in health care delivery must step up, do more and address this issue more actively through a combination of changes in prescribing practices as well as treatment options that are more widely accessible and available."



Gov. Walker with attendees, including Rep. Nygren and his daughter Cassie (middle), at the listening session.

In late December 2015, the WHA Board passed a resolution (see it at www.wha.org/pdf/WHABoardOpioidResolution2015.pdf) aimed at curbing opioid misuse and abuse. The Board resolution is an important element in WHA's larger, more comprehensive Opioid Initiative. In addition to the Board resolution, this initiative includes a new section of WHA's website aimed at providing members with updated information related to the opioid epidemic now gripping Wisconsin. The new resource page (www.wha.org/opioid.aspx) is the result of feedback provided by WHA members as well as WHA's Physician Leaders Council.

Another important element of the initiative is a series of educational webinars that will focus first on cultural aspects and changes needed to address the opioid problem, and later on some best practices currently in place. The first webinar, scheduled February 25, 2016, will address the culture that hospital leaders often encounter around opioid use and some recommendations on how to best address and subsequently change that culture. For more information or to register, go to <http://events.SignUp4.net/HospitalLeaderRole-Opioids>.

"As an association of hospitals and health systems, we stand with those who are working to stop this epidemic," said WHA President/CEO Eric Borgerding. "Addiction is a terrible disease. It robs people of their future, it takes our friends and family members from us, and it leaves behind tremendous pain and hopelessness. WHA joins our care providers, Governor Walker, Attorney General Schimel and Representative Nygren in their efforts to curb opioid abuse."