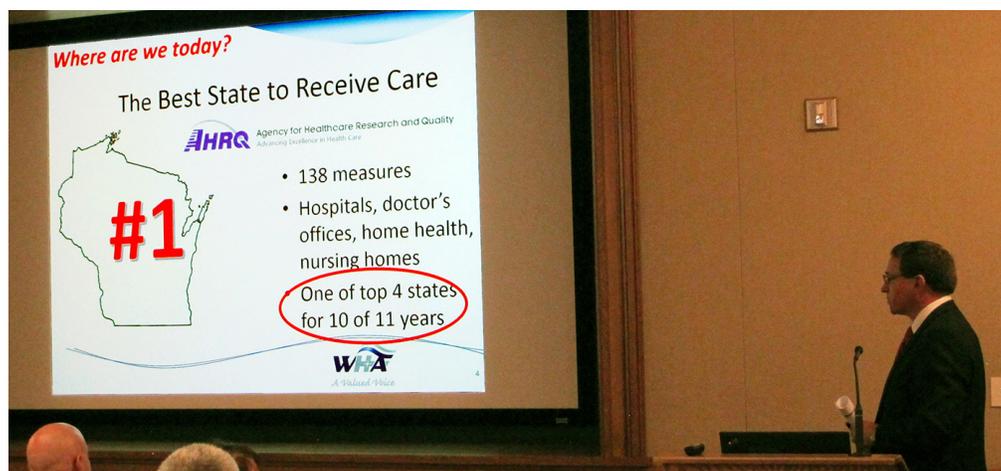


September 15, 2017

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Health Committee Leaders, WHA Host Capitol Briefing on Health Care Quality *WHA members explain how they improve care, reduce costs, improve patient outcomes*



WHA President/CEO Eric Borgerding presents at the WHA Health Care Quality Briefing September 14 at the State Capitol

Three innovative programs that are improving patient care and reducing health care costs in Wisconsin were shared at a briefing hosted by WHA in the State Capitol September 14. More than 40 legislators and members of their staff attended the session. State Rep. Joe Sanfelippo, chair of the Assembly Health Committee, led a bipartisan group of Health Committee leaders who encouraged lawmakers and staff to attend this

briefing by WHA. Sanfelippo, WHA's 2017 Health Care Advocate of the Year, provided introductory remarks at the briefing. *(continued on page 7)*

WHA Sponsors Statewide Ad Campaign: WI is #1 In Health Care! *Buys include print ads, statewide radio, digital*

This week, WHA initiated a statewide advertising campaign to celebrate Wisconsin's status as the #1 health care state in the country based on quality, according to the federal Agency for Healthcare Research and Quality (AHRQ).

"We want to make sure that everyone in the state—our employers, patients, lawmakers and people living in our communities—is aware that Wisconsin's health care ranked top in the nation, but as or more importantly, knows that the hospitals, doctors, nurses, care providers and health care leaders in this state are strongly committed to continuing to improve, to staying among the best in the country," said WHA President/CEO Eric Borgerding.



In 10 of the last 11 years, Wisconsin has never ranked lower than fourth best in the AHRQ report.

Wisconsin scored exceptionally well across more than 130 measures AHRQ uses to measure health system performance. The Badger state's strongest performance was in the areas of acute and chronic care, and patient safety. *(continued on page 2)*

Continued from page 1 . . . WHA Sponsors Statewide Ad Campaign: WI is #1 In Health Care!

"The AHRQ rankings are a national validation of what we know here; Wisconsin's local and regional health systems are delivering some of the best care in the country," according to Borgerding. "Across all care settings, in rural and urban communities, we are maintaining consistently high performance, while striving to set even higher standards of care. It is that combination of performance and commitment to be better that makes Wisconsin a perennial leader.

The ads will run statewide on the Wisconsin Radio Network through September 19, print ads will appear in the *Wisconsin State Journal* on September 15, 17 and 20 and in the *Journal Sentinel* September 20, 22 and 24 and a banner ad will be in the WisPolitics Health Care Report and in their AM News product into mid-October. Listen to the radio spot here: www.wha.org/WisconsinNumberone.aspx.

The AHRQ top ranking is based on the overall quality of care in the state. It arrives on the heels of Wisconsin's critical access hospitals (CAHs) being singled out in July 2017 as the best in the nation by the federal Health Resources and Services Administration (HRSA) for outstanding quality performance. That ranking was based on participation in and achievement on the Medicare Beneficiary Quality Improvement Project (MBQIP). Wisconsin CAHs achieved the highest reporting rates and levels of improvement in the country over the past year. CAHs are hospitals with fewer than 25 beds that provide essential services in rural areas. There are 58 CAHs in Wisconsin.

"WHA is proud to represent some of the finest hospitals and health care systems in the country that are staffed by some of the best, most highly qualified health care professionals in the country. We know as we improve quality, we reduce health care costs, and patient outcomes are better," Borgerding said. "That helps ensure Wisconsin will continue to be known for high-quality, high-value care, which is an economic development asset in every part of the state."

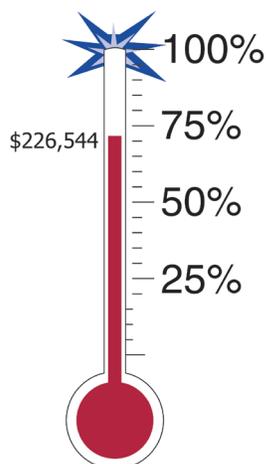
Political Action Spotlight

Wisconsin Hospitals PAC/Conduit Contributor List

Fundraising effort tops \$226,000 with an \$11,000 week!

2017 Political Fundraising Campaign

Our Goal: \$312,500



The Wisconsin Hospitals State PAC & Conduit fundraising campaign had a stellar week with over \$11,000 raised in the past seven days. This put the campaign at \$226,500 contributed to date by 250 individuals. That is an average contribution of \$906.

"Thank you to the 250 individuals who have contributed already this year. I appreciate your strong support of the Wisconsin Hospitals State PAC & Conduit," said WHA President/CEO Eric Borgerding. "If you have yet to contribute this year, I urge you to join me and those who care about our hospitals and health care systems by making your contribution today."

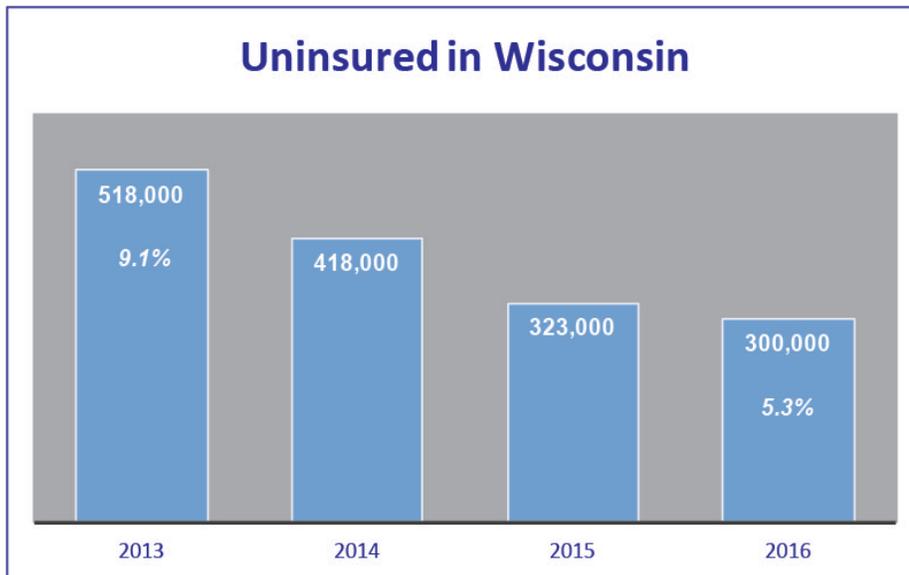
The fundraising campaign currently sits at 72 percent of its 2017 goal of raising \$312,500.

To date, the campaign has seen 34 first-time contributors come on board and close to a dozen lapsed contributors return in 2017. Thank you. See the full list of contributors on page 10.

New Census Bureau Report Shows Wisconsin Uninsured Rate at Just 5.3%

Nearly 95 percent of Wisconsin's population had health care coverage in 2016. That's according to the latest report from the U.S. Census Bureau released September 12, which estimates about 300,000 people in Wisconsin lacked health insurance coverage in 2016.

In 2013, the year before the coverage changes under the Affordable Care Act (ACA) were implemented, Wisconsin's uninsured rate was 9.1 percent. Since then, the rate has steadily fallen reaching just 5.3 percent in 2016—a 42 percent drop in four years.



Wisconsin continues to have an uninsured rate that is better than 21 of the 31 states that took the full Medicaid expansion under the ACA. While Wisconsin's version of expansion didn't meet the definition under the ACA, the state did expand coverage to over 130,000 adults without dependent children with income below 100 percent of the federal poverty level (FPL). At the same time, Wisconsin disenrolled from Medicaid some adult recipients with higher incomes when the federal insurance exchange was implemented and subsidies became available to help people buy

coverage in the exchange market. Indeed, Wisconsin now has about 63,000 people with income below 150 percent FPL receiving exchange coverage.

The Census Bureau estimates the national uninsured rate at 8.8 percent for 2016, a reduction of 0.3 percentage points. Wisconsin just outpaced the national reduction in the uninsured with a reduction of 0.4 percentage points from 2015 to 2016.

Board of Nursing Recognizes WHA's Work on eNLC Legislation

Ninety lawmakers now co-sponsor bill to maintain Wisconsin's compact status

The Board of Nursing recognized WHA's efforts to enact an enhanced Nurse Licensure Compact (eNLC) legislation at their meeting September 14 in Madison. During the meeting, the Board invited Ann Zenk, WHA vice president workforce and clinical practice, to provide an update on Wisconsin's progress to pass legislation to enact the eNLC. Wisconsin has been in the nurse licensure compact since inception in 2000 and needs to enact eNLC legislation before the end of 2017 to maintain uninterrupted participation.

Zenk updated the board on Wisconsin's progress in advancing the eNLC. She told the Board draft legislation was circulated for cosponsorship September 5, and now over 90 cosponsors have signed onto the legislation, in large part due to the advocacy work of the legislative authors, direct lobbying and grassroots activity from our state's hospital and nursing advocates via WHA's HEAT program.

Zenk noted, "This compact is supported by nurses and health care organizations across the state, including a coalition of 19 health care and nursing organizations that joined in a WHA-led coalition memo to members of the Wisconsin state Legislature." Zenk shared that "The Department of Safety and Professional Services' (DSPS) expertise and assistance in assessing the draft was essential and appreciated, as was the Board of Nursing's support."

(continued on page 4)

Continued from page 3 . . . Board of Nursing Recognizes WHA's work on eNLC Legislation

Board of Nursing Chair Cheryl Krause expressed admiration for WHA's work on the compact, saying "WHA is a great organization and Ann has been working very hard on this since she joined WHA. It is great to see this progress." Krause also noted the value of grassroots advocacy, like WHA's HEAT initiative, and how WHA's HEAT program makes it easy for advocates to contact their elected officials. In a HEAT alert and update, and a *Valued Voice* article September 8, 2017 (www.wha.org/wha-newsletter-9-8-2017.aspx#s2), WHA members were asked to contact their legislators, and they responded with over 800 emails to more than 120 legislators.

As the bill progresses through the Legislature, it will be important to continue contacting lawmakers to encourage their support of the eNLC. Board of Nursing Executive Director Dan Williams said once the bill is passed, the DSPS will start preparing for a smooth transition period in time for the February licensing renewal period.

For additional information on Wisconsin's eNLC legislation, contact Ann Zenk at 608-274-1820 or azenk@wha.org. Individuals who want to stay up to date on this and other important legislation as well as take action on those issues should contact Jenny Boese, WHA vice president, federal affairs and advocacy, at jboese@wha.org or join WHA's grassroots advocacy program, HEAT, at www.wha.org/heat-grassroots-advocacy.aspx.

WHA Submits Comment Letters to CMS Urges agency to withdraw 340B, HOPD changes

The Wisconsin Hospital Association submitted two comment letters September 11 to the Centers for Medicare & Medicaid Services (CMS) on the proposed CY 2018 Outpatient Prospective Payment System (OPPS) rule and proposed CY 2018 Physician Fee Schedule (PFS) rule.

In the OPPS rule, CMS proposes to drastically cut the 340B drug discount program by reimbursing separately payable non pass-through drugs acquired through the 340B program at the Average Sales Price (ASP) minus 22.5 percent. Currently these drugs are paid at ASP plus 6 percent. CMS goes further and proposes that those dollars, instead of going to 340B providers, would then be redistributed to other services/providers within Medicare Part B or potentially elsewhere.

"WHA strongly opposes all aspects of the change in 340B policy and payments for our safety-net hospitals...and urges CMS to pull this proposed policy back completely," WHA's comment letter read.

WHA's opposition is based on a variety of reasons, the least of which is it does not believe CMS has the statutory authority to impose this payment change for the 340B program. WHA also believes the change is inconsistent with Congress's stated purpose for creating the 340B program originally. Further, WHA believes the reimbursement cuts would greatly undermine the program and 340B covered entities' ability to continue providing more access to care and pharmaceuticals.

In its OPPS letter, WHA also commented on electronic health record (EHR) provisions and recommended CMS delay or cancel altogether Stage 3 of the EHR Incentive Program and establish a 90-day reporting period for every year of the EHR Incentive Program. In addition, WHA expressed support for CMS's proposal to reinstate a moratorium on enforcement of its burdensome direct supervision requirement for outpatient therapeutic services provided in critical access hospitals and small and rural hospitals. WHA urged the agency, however, to make the enforcement moratorium permanent and continuous (i.e., without CMS's proposed gap year in 2017).

With respect to the proposed CY 2018 Physician Fee Schedule (PFS), WHA strongly expressed its opposition to the payment cuts for nonexcepted services in certain off-campus provider-based hospital outpatient departments (HOPDs). Under Section 603 of the Bipartisan Budget Act of 2015, with some exceptions, services furnished in off-campus provider-based departments (PBDs) that began billing under the OPPS on or after November 2, 2015 were no longer to be paid for under the OPPS, but, instead,

(continued on page 5)

Continued from page 4 . . . WHA Submits Comment Letters to CMS

would be reimbursed under the PFS at a much lower rate. That rate was set at approximately 50 percent of the prior OPSS rate. In the CY 2018 PFS proposed rule, CMS proposes an even further reduction to these payments, setting the rate at 25 percent, rather than the previous 50 percent, of the OPSS rate.

WHA strongly objects for multiple reasons, including CMS's own admission it was basing the payment reduction solely on a comparison of one payment code (hospital outpatient clinic visit) to the payment for a similar outpatient visit under the PFS. "WHA objects to this approach. We do not believe basing an entire group of nonexcepted service payments on one code is sound policy. In fact, CMS admits the proposed methodology fails to take into consideration the many other services provided in off-campus PBDs which are not akin to the one payment code it reviewed," WHA's letter read.

WHA further reminded the agency that it "expressed strong concerns in our 2017 OPSS comment letter on the approach CMS was taking at that time to operationalize the Section 603 change....[and] we strongly object to further payment reductions as are proposed in the FY 2018 PFS. Hospitals must be paid adequately in order to continue serving as essential access points to care."

Finally, WHA's PFS letter also provided comments in support of proposed changes reducing the number of reported measures under the Physician Quality Reporting System as well as reducing the penalties on providers under the valued based modifier payment adjustment.

Read WHA's CY 2018 OPSS comment letter at:

www.wha.org/pdf/2017WHA-CY18OPSSCommentLetter9-11.pdf

Read WHA's CY 2018 PFS comment letter at:

www.wha.org/pdf/2017WHA-CY18PFSCommentLetter9-11.pdf

UW Study: Over Half of Physician Workday Spent in EHR Equates to 5.9 hours of 11.4-hour workday for primary care physicians

Primary care physicians spend more than half of their workday interacting with their electronic health record (EHR) according to a study published this week in the *Annals of Family Medicine*. The study, conducted by the UW Department of Family Medicine and Community Health, presents findings and conclusions on primary care physician workload related to the EHR.

The researchers found clinicians spent 5.9 hours of an 11.4-hour workday in the EHR per 1.0 clinical full-time equivalent. The study tracked and measured non-resident UW family practice physician work and interactions with the electronic health record over a three-year period beginning in 2013.

Documentation, order entry, billing and coding, security and other clerical and administrative tasks accounted for 2.6 hours of the workday, and inbox management accounted for an additional 1.4 hours. The study also found that 1.4 hours of EHR time occurred outside of 8 a.m. to 6 p.m. clinic hours.

"This study helps to move the conversation within organizations and with policymakers on EHR burden related physician burnout from discussion to actionable quantitative metrics," said Chuck Shabino, MD, WHA chief medical officer.

"For policymakers, the study also highlights the cumulative effect that regulatory burden has on physicians' time," said Matthew Stanford, WHA general counsel. "A physician's workday is a finite resource, and WHA will continue to work with policymakers to reduce regulatory burdens to help ensure more of that time is spent providing care to patients."

WHA's Physician Leaders Council will be discussing the study at its October meeting, including potential solutions highlighted in the study that align with recommendations in the 2016 WHA Physician Engagement and Retention Toolkit. *(continued on page 6)*

Continued from page 5 . . . UW Study: Over Half of Physician Workday Spent in EHR

The article, "Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time Motion Observations," appears in the September/October 2017 *Annals of Family Medicine*, and the full article can be viewed at www.annfammed.org/content/15/5/419.full.pdf.

WHA Selected to Present at WCMEW Conference

Two members of WHA's Government Affairs team will participate in a panel discussion on health care workforce issues at the Wisconsin Council on Medical Education & Workforce (WCMEW) Conference September 27 in Wisconsin Dells.



Kyle O'Brien, senior vice president, government affairs, and Ann Zenk, vice president, workforce and clinical practice, will be joined on the panel by Bruce Palzkill, deputy administrator at the Department of Workforce Development, and Bob Van Meeteren, CEO, Reedsburg Area Medical Center. Panel members will discuss workforce barriers from the legislative, regulatory, programming and practice perspectives.

O'Brien will moderate the panel, presenting opportunities to discuss public policy that supports the Wisconsin health care workforce. Zenk will provide WHA's 3 P's—policy, practice and payment—as a framework for assessing workforce issues and solutions. The conversation will address both local and statewide issues, leveraging the expertise of panelists with experience in system leadership, clinical practice and pipeline programs.

Event attendees will be exposed to multiple approaches to state and federal policies that have impacted the health care workforce in the past, learn to identify pitfalls to creating successful workforce policy, and have an opportunity to consider future policy priorities for health care workforce stakeholders.

For more information about the workforce summit presented by WCMEW, go to www.cvent.com/d/85qxys. The event, "The Future Landscape of Wisconsin's Health Care Workforce" will be held in Wisconsin Dells September 27. Contact WCMEW Executive Director George Quinn with questions at gquinn@wcmew.org.

Hurricane Irma Update from AHA and How You Can Help

When Mother Nature is at her worst, the men and women of America's hospitals are at their best. Once again, we have watched as they have stepped forward in times of uncertainty to care for their neighbors and shelter their communities. We could not be prouder of the response of our colleagues on the front lines—especially the thousands of caregivers working around the clock to evacuate those in harm's way, care for the sick and injured, and keep patients safe, all while their own families and homes were threatened.

Though the winds have died down and the rain is ceasing, we know the recovery is only beginning. We have been heartened to hear that many of our colleagues weathered the storm with minimal damage and disruption. Others will need time and assistance before operations can return to normal. We have been in close coordination with the hospital associations in the affected areas as they worked with hospitals and health systems, as well as local, state and federal agencies, to respond and now rebuild.

Please read on for information on how you can assist our colleagues who have been affected by this storm, as well as Hurricane Harvey.

HOW YOU CAN HELP

The Florida Hospital Association has established a fund to help hospital employees who experienced significant property loss or damage because of Hurricane Irma. AHA has contributed an initial \$50,000 to get the fund started. For more information or to make a donation, visit www.fha.org/donate.

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Continued from page 6 . . . Hurricane Irma Update From AHA and How You Can Help

In addition, the Texas Hospital Association continues to coordinate support for hospital employees impacted by Hurricane Harvey and the devastating flooding that followed. Please visit www.tha.org for more information or to make a donation.

All funds will be used to directly assist hospital employees in Federal Emergency Management Agency-designated disaster areas; administrative services are being provided in kind so that 100 percent of donated funds will be used to assist hospital employees.

WHA joins the American Hospital Association and all our health care colleagues in keeping those affected by both Irma and Harvey in our thoughts.

26th Annual \$2,500 UW Rural Health Prize – Enter by June 1, 2018

The Hermes Monato, Jr. Prize of \$2,500 is awarded annually for the best rural health paper. It is open to all students of the University of Wisconsin (any campus) as well as those who have graduated since last June 1.

Students are encouraged to write on a rural health topic for a regular class and then to submit a copy to the Rural Wisconsin Health Cooperative as an entry.

Previous award winners as well as judging criteria and submission information are available at www.rwhc.com/Awards/AnnualMonatoEssay.aspx.

The 25th Hermes Monato Rural Health Essay Prize has just been awarded to Ian Jasso at the University of Wisconsin-Madison (graduating with a B.S. in biology) for his essay, *“Mish ko Swen: To Be Strong and Healthy.”* Jasso is a senior at the University of Wisconsin-Madison who grew up in the rural farming community of Plymouth, Wisconsin. He is an Army veteran who served as a vertical engineer in Afghanistan in 2013. Ian’s career aspiration is to become a family practitioner for a Wisconsin tribal community. His excellent essay is available here: <http://ow.ly/MWrl30eYKbN>.

Continued from page 1 . . . Health Committee Leaders, WHA Host Capitol Briefing on Health Care Quality

“Over the past few years, with all the distractions we have had with Obamacare and everything, it is easy to get caught up in that and forget about what we have here in the state of Wisconsin,” Sanfelippo said. “This presentation is going to remind us what great hospitals and hospital systems we have in our state, and the level of health care that our citizens get is above and beyond what many of the country get to experience. I am excited to be part of this presentation.”

WHA President/CEO Eric Borgerding said quality health care is an economic advantage for Wisconsin.

“We need to understand what high-quality care means for Wisconsin. Of course, it means better outcomes for patients, better care for patients and their families, but it also has an impact on our economy, economic development and employers locating to our state,” Borgerding said. “That is why it is important to have good public policy in place that supports quality improvement and population health.” *(continued on page 8)*



State Rep. Joe Sanfelippo provides opening remarks at the WHA Health Care Quality Briefing September 14

Continued from page 7 . . . Health Committee Leaders, WHA Host Capitol Briefing on Health Care Quality

WHA Chief Quality Officer Kelly Court described how hospitals and health systems are using data and analytics created by the WHA Information Center to identify patient populations who are at higher risk for certain diseases or conditions. WHA's staff works closely with individual hospitals and health systems to advance their quality improvement activities by using data and creating networks that allow hospitals to share best practices.

Court cited two key pieces of WHA-supported legislation that have advanced quality improvement in recent years. The Quality Improvement Act added legal protections to information shared between hospitals that is used for quality improvement purposes, and the Data Modernization Act provides the WHA Information Center with the ability to assess patient condition information at a more precise and accurate geographic level, which is critical for health care data users, such as hospitals, who are preparing population health strategies in the communities they serve.



From left: Eric Borgerding, WHA; Robert Marrs, Aurora Health Care; Linda Puccini, Ascension-St. Joseph's Hospital; State Rep. Joe Sanfelippo; Laura Rose, WHA; Kelly Court, WHA; Lois Van Abel, Bellin Health Care

Hospitals are working beyond their walls, according to Laura Rose, WHA vice president, policy development. She described WHA's work in the area of developing policy initiatives aimed at improving the ability of hospitals and health systems to provide or locate post-acute care for their patients.

"We know there are patients who are ready to be discharged from the hospital, but have waited in the hospital for as long as 45 days for placement in an appropriate skilled nursing facility," Rose said.

Three health systems presented at the briefing. Lois Van Abel from Bellin Health Care in Green Bay, described Bellin Health's "Next Generation" accountable care organization's work that has improved quality and the patient experience while reducing costs. Bellin and ThedaCare participated in the Pioneer ACO program, and over three years saved the Centers for Medicare and Medicaid Services \$14 million in Medicare costs.

"It requires a lot of coordination to achieve those savings—work we do not get paid for," according to Abel. "We basically never 'discharge' a patient, instead we 'transition' them to a new setting and work closely with partners in that community to coordinate care."

Engaging patients in their own care and connecting them to a medical home is critically important in controlling costs and improving care for those who are high utilizers of emergency department services.

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Continued from page 8 . . . Health Committee Leaders, WHA Host Capitol Briefing on Health Care Quality

Robert Marrs, Aurora Health Care, said high utilizers account for 25 percent of health care services. The problem is how to deliver health care to those who need it most and have multiple other issues that are usually outside of the scope of the hospital to solve.

Marrs said Aurora Sinai developed a program called "Coverage to Care" where social workers receive coaching in behavioral health and do what he described as "forensic care planning." They determine the usage patterns of these complex, high users of health care, then they connect them to a medical home and the social services to stabilize the patient not only medically, but also ensure they can lead a healthier, more productive life. Marrs credited the bipartisan HIPAA Harmonization Act, championed by WHA in 2013, as a public policy that has strengthened the ability for providers to communicate with each other and make Coverage to Care more successful.

Ascension-St. Joseph's Hospital, also in Milwaukee, has also implemented a program called "Transitions in Care" that connects patients to a medical home and reduces ER visits.

Linda Puccini said St. Joseph's has one of the busiest ERs in the state, with more than 85,000 visits every year. Their goal was to reduce non-urgent ER visits by providing patients with education and resources, and connect patients to a primary care physician.

"We built a relationship with the patient, even going with them to their first doctor's visit if they were nervous about it," Puccini said.

More than half of the patients enrolled in their care program were enrolled in Medicaid and 14 percent were uninsured. The program was successful in not only reducing ER visits, but also reduced readmissions and revealed social needs of the patients, which the hospital accounted for in their care plans.

Borgerding said hospitals' and health systems' efforts to improve the quality of care are also lowering the cost of care, and ensuring patients are able to resume their daily activities, return to work sooner and have better outcomes from the care they receive.

"It's care that is proven to work," Borgerding said. "That is why Wisconsin's health care is an economic advantage to our employers, a benefit to their employees and a factor in moving our state to a higher level of wellness."

Political Action Fundraising Campaign Contributors

Contributors ranging from \$1 to \$499

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SHS - St. Nicholas Hospital
Divine Savior Healthcare
Aurora Medical Center- Two Rivers
Marshfield Clinic
Aspirus Riverview Hospital & Clinics
Spoooner Health System
SSM - St. Mary's Hospital
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HSHS - St. Joseph's Hospital
Ascension Wisconsin
Wisconsin Hospital Association
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Rural Wisconsin Health Cooperative
WHA Information Center
SSM - St. Clare Hospital & Health Services
HSHS - Door County Medical Center
HSHS - St. Joseph's Hospital
Milwaukee Health Care Partnership
Aurora Health Care
SSM - St. Mary's Janesville Hospital
Aspirus Langlade Hospital
WHA Information Center
Bellin Hospital
Columbia St. Mary's, Inc.
SSM - St. Clare Hospital & Health Services
Monroe Clinic
River Falls Area Hospital

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Aurora Health Care
SSM - St. Clare Hospital & Health Services

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