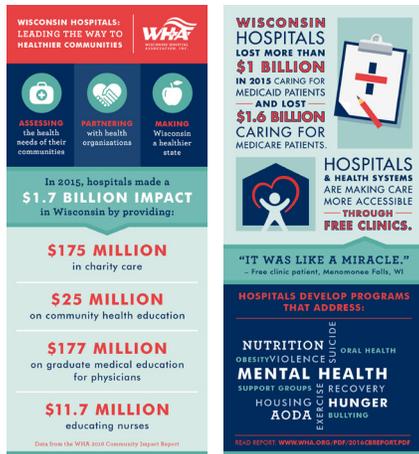


November 23, 2016

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## Wisconsin Hospitals' Statewide Community Impact Totals \$1.7 Billion

**Hospitals report over \$1 billion in Medicaid losses; Spent \$177 million on physician education, training**



Wisconsin hospitals spent \$1.7 billion in 2015 to support programs and services that had a positive impact in the communities they serve. These activities ranged from providing free care for those unable to pay their bills, to sponsoring free clinics and health improvement activities, health education, free screenings and working with local partners on complex socioeconomic issues.

Hospitals reported losing more than \$1 billion caring for patients in the Medicaid program and \$1.6 billion on Medicare, according to the Wisconsin Hospital Association 2016 Community Impact Report. Medicaid pays hospitals only about 65 percent of what it costs to care for this vulnerable, and often medically-complex, patient population.

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## WHA Launches Great Lakes Hospital Improvement Innovation Network

The WHA Quality Team officially launched the Hospital Improvement Innovation Network (HIIN) project across Wisconsin November 16 and 18. More than 180 people, representing 79 hospitals from across the state, gathered in Wausau and Madison for in-depth orientations to the HIIN topics, data and measurement, and the impressive array of resources that are available as improvement teams begin to work on improving quality and safety for Wisconsin patients.



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*Accelerating Improvement at the Point of Care*

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## WHA MACRA Webinar Examines Advanced Alternative Payment Models (APMs)

On December 7, WHA is offering members the complimentary webinar "MACRA – Final Rule Update and Pathway Toward Alternative Payment Models (APMs)." The session will provide an overview of APMs under the Medicare Quality Payment Program (QPP); the difference between the Merit Based Incentive Program (MIPs) and the APMs; review updates included in the final rule, which was released October 14; and describe the requirements for qualifying under APMs.

Brian Vamstad, federal government relations consultant for Gundersen Health System, and Joanne Alig, senior vice president of policy and research for WHA, will co-present the one-hour complimentary webinar.

Register today at: <https://events.SignUp4.net/MACRA-APM-1207>. This complimentary webinar is open to all WHA hospital and corporate members, but pre-registration is required. An audio recording of the webinar will be available after the event, but you must pre-register to receive the recording.

## Cont'd. from page 1 . . . WHA Launches Great Lakes Hospital Improvement Innovation Network

Wisconsin, already recognized for delivering high-quality, high-value health care, is joining forces with Michigan and Illinois hospitals in a partnership that unites the quality improvement strengths of the hospital associations in all three states ([www.wha.org/greatlakespartnersforpatients10-19-2016.aspx](http://www.wha.org/greatlakespartnersforpatients10-19-2016.aspx)). The Great Lakes Partners for Patients is funded by a Centers for Medicare & Medicaid Services (CMS) Hospital Improvement Innovation Network (HIIN) contract.



*The HIIN project kickoff in Madison, November 18, 2016*

WHA Chief Quality Officer Kelly Court said the three-state partnership will provide new resources to WHA members and present new opportunities for interstate collaboration. The objectives are to reduce preventable readmissions by 12 percent and reduce hospital-acquired harm by 20 percent over the next three years.

Court said in the past, content and education has been delivered through webinars. In the new partnership, a data-driven approach will be used that will involve a more customized and intense approach to improvement work. The popular Wisconsin Quality Residency Program will be condensed in the new program as QuEST (quality essential skills training) and will focus on how to use data and the PDSA cycle.

Senior leaders will assess their hospital's culture for engaging and sustaining change. Clinical teams will use data to identify areas where improvement should happen. Everyone will take steps to weave the voice of the patient and families throughout their care practices.

"We are energized by the partnerships we have with our hospital leaders and our tri-state coalition," said Court.

## Governor's Task Force on Opioid Abuse Meets in Wausau Area *Insurance coverage and barriers to treatment discussed*

The Governor's Task Force on Opioid Abuse held its second of three meetings November 22 at Ascension Wisconsin's Ministry Saint Clare's Hospital in Weston.

The Task Force, co-chaired by Lt. Governor Rebecca Kleefisch and Rep. John Nygren (R-Marinette), heard presentations from invited speakers on insurance coverage and treatment options, continuing the Task Force's focus on addressing access to treatment for opioid abusers.

Speakers addressing insurance coverage included Medicaid Director Michael Heifetz and representatives from WPS insurance and Molina Healthcare. The use of "fail first" coverage requirements by insurers for opioid addiction and detox treatment was a significant discussion.



*Brian Kief, hospital president and system regional vice president, Ministry Health Care, provided the welcome to the group meeting at Ascension Wisconsin's Ministry Saint Clare's Hospital in Weston.*

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## Continued from page 2 . . . Governor's Task Force on Opioid Abuse Meets in Wausau area

Concerns were raised that insurers sometimes require a patient to "fail first" in outpatient settings or using oral forms of opioid blocking medication in situations where more acute settings or injectable medications would be more effective. The speakers said that their organizations do not have a "fail first" policy, and were willing to work with Rep. Nygren to help develop best practice guidelines for insurers regarding opioid treatment options.

Several speakers also presented on emerging treatment options for opioid addiction, including speakers from three regional collaborative, comprehensive opioid treatment programs in northern Wisconsin funded as part of the 2014 Heroin, Opiate, Prevention, and Education (HOPE) legislation. Two of the regional collaborative models include partnerships with Hospital Sisters Health System, Ministry Health Care and Marshfield Clinic. Each of the programs reported early success, but identified workforce as a key challenge.

Various state regulatory barriers were also identified as challenges providers must overcome to provide treatment, including DHS 75 interpretation issues, extra certification requirements for providing AODA services via telemedicine, special Medicaid billing limitations and delays in getting non-physician therapists licensed in a timely way.

"Addiction is a chronic disease," said Joan Coffman, president/CEO, HSHS St. Joseph's Hospital in Chippewa Falls and WHA representative to the Task Force. "We need to continue to work to think about addiction in this way when we look at policy and payment."

At the last meeting of the Governor's Task Force, Coffman presented to the Task Force a WHA summary of steps the Task Force could take to help Wisconsin sustain and expand access to treatment for opioid abusers, as well as a summary of education programs, examples of collaboration and local efforts hospitals and WHA are undertaking to address Wisconsin's opioid abuse epidemic. Those summaries and their accompanying memo can be found at [www.wha.org/pdf/GovernorsOpioidTaskForceMeeting10-28-16.pdf](http://www.wha.org/pdf/GovernorsOpioidTaskForceMeeting10-28-16.pdf).

The next meeting of the Governor's Task Force on Opioid Abuse will be December 16 in La Crosse.

### **WHA Physician Leadership Development Conference March 10-11, 2017**

The American Club, Kohler

Register today: <http://www.cvent.com/d/nvq2w6>

*Early Bird Discount for all registrations received by January 15!*

## **Looming HOPD Reimbursement Changes Focus of December 8 Webinar**

On December 8, Jenny Boese, WHA vice president, federal affairs & advocacy, will present a one-hour complimentary webinar, "Looming HOPD Reimbursement Changes: Section 603, OPSS Rule and Where Things Stand."

Boese will discuss the underlying statutory provision, Section 603; how CMS will implement Section 603; which HOPDs are or are not grandfathered; and what reimbursement changes are in store, starting in 2017. She'll also share details about potential legislative fixes and WHA's efforts on this issue.

Register today at <https://events.signup4.net/16HOPD-1208>. Pre-registration is required for this complimentary webinar, and is limited to WHA hospital and corporate members only. An audio recording of the webinar will be available after the event, but you must pre-register to receive the recording.

## Grassroots Spotlight

### Spoooner Health Hosts HEAT Roundtable with Sen. Janet Bewley

On November 18, Spooner Health hosted nearly a dozen hospital leaders from northwest Wisconsin for a HEAT Roundtable Discussion with State Sen. Janet Bewley (D-Ashland).



The roundtable was an opportunity for hospital leaders to foster discussion with the

Senator on important issues impacting Wisconsin hospitals.

Four leaders from Spooner Health participated along with representatives from Cumberland Healthcare, Hayward Area Memorial Hospital, Burnett Medical Center and the Wisconsin Hospital Association.

The discussion covered many key issues including health care's role in economic development, workforce, Medicaid payment, regulatory reform, behavioral health and team-based care, challenges related to post-acute care and opioid treatment/prevention.

At one point, Bewley looked around the table and spoke of the respective hospitals represented, "You are at the core for how health care is provided in your communities. That's why you are so critical to the future."

Mike Schafer, Spooner Health CEO, said, "It was a great opportunity to host a roundtable event such as this. We appreciate Senator Bewley's understanding of rural medicine and support of finding solutions for health care concerns."



*Top: Sen. Janet Bewley, fifth from left, with hospital leaders from across northwest Wisconsin.*

*Bottom: Bewley discusses key issues with hospital leaders.*



### Plan to Participate in the Next Webinar in WHA Member Forum: Legal & Regulatory Series

- **December 6:** Clinical Integration Strategies in a Changing Payer Environment

Register today at: <https://events.SignUp4.net/16LegalSeries>. There is no registration fee for webinars in this series for WHA hospital and corporate members, but pre-registration is required.

## Ose Receives 2016 WHA Distinguished Service Award



*Peggy Ose*

Peggy Ose, RN, MSN, chief operating officer, Aspirus Riverview Hospital & Clinics, Inc., received the Wisconsin Hospital Association's 2016 Distinguished Service Award for her service to the health care industry, community and the Association.

WHA annually honors individuals who have served the health care community and who have made an exemplary commitment to WHA, to their own organizations and to the communities they serve. WHA Senior Vice President Joanne Alig presented the award to Ose at Aspirus Riverview Hospital in Wisconsin Rapids November 17.

As noted by Todd Burch, Aspirus Riverview Hospital & Clinics CEO, "Peggy's colleagues are consistently impressed with her vision and energy. They note that her greatest strength is her ability to communicate. In the many years Peggy has been at Aspirus Riverview, there is not a single employee or provider who doesn't value her leadership."

Beyond her dedication to Aspirus Riverview, Ose has served in leadership positions both locally and statewide. Ose served on WHA's Board of Directors from 2010-2015, and on WHA's Nominating Committee from 2015-2016. She also served as president of the Board of the Wisconsin Organization of Nurse Executives and was recognized as the "Nurse Leader of the Year."

Ose received her bachelor's degree in nursing from the University of Wisconsin-Eau Claire and master's degree from UW-Milwaukee. She has been a presenter at many statewide and national conferences and has co-authored several publications on nursing. Ose is a Fellow in the American College of Healthcare Executives.

"Wisconsin is known for high-quality, high-value care. To achieve that standard of excellence requires leadership and vision in our hospitals, qualities that Peggy has demonstrated throughout her career," according to Alig.

## O'Hern Receives WHA Trustee of the Year Award

Pat O'Hern received the WHA Trustee of the Year Award at a ceremony held November 16 in Door County. A Board member of Door County Medical Center since 2005, O'Hern served as vice chair in October 2008 and became chair in October 2009.

In nominating O'Hern, CEO Gerald Worrick noted his vision and tireless dedication to both the hospital and the community.

"Pat brought special passion to community health care needs in Door County," according to Worrick. "His support of the MDCMC Dental Clinic, which serves low-income children and adults, has led to a great expansion of much-needed dental services for the disadvantaged in our community."

In presenting the award, WHA President/CEO Eric Borgerding recognized O'Hern for his leadership and for mentoring other Board members.

"Pat is clearly focused on ensuring that the residents of Door County have access to high-quality, high-value health care through his leadership and support of clinical excellence and putting the patient first," Borgerding said. "Wisconsin is fortunate to have knowledgeable, committed community leaders serving on our governance boards."



*Eric Borgerding; Pat O'Hern; Therese Pandl, CEO, HSHS Eastern WI Division; Gerald Worrick*

## In Memorium: James J. Sexton

Former WHA chair and Wisconsin health leader James J. Sexton, 70, passed away November 21, 2016. His entire career was dedicated to health care management. Jim joined St. Agnes Hospital in 1973 and was named president and CEO in 1980. He was the first lay CEO to serve St. Agnes Hospital. Jim joined Henry Ford Health System as president and CEO of Henry Ford Wyandotte Hospital in 2002 and retired from that role December, 31, 2012.



*James Sexton*

Jim was active on the Wisconsin Hospital Association Board of Trustees, serving as chair in 1985. He dedicated time to coaching, counseling and mentoring young health care executives and students.

Jim is survived by his wife, Lana. The family will receive relatives and friends on Friday, November 25, 2016 from 4 - 7 p.m. at Zacherl Funeral Home, 875 E. Division Street in Fond du Lac. Visitation will also be held Saturday, November 26, from 10 - 10:45 a.m. at Salem United Methodist Church, 120 Sheboygan Street in Fond du Lac. A memorial service will follow the visitation at 11:00 a.m. Saturday, November 26 at Salem United Methodist Church.

## WHA Leads Discussion of CMS Emergency Preparedness Rule

### *WHA presentation highlights importance of hospitals in emergency planning and response*

On November 18, WHA Assistant General Counsel Andrew Brenton presented the Wisconsin Healthcare Emergency Preparedness Program (WHEPP) advisory group on the emergency preparedness final rule the Centers for Medicare & Medicaid Services (CMS) released September 8. (See the final rule at [www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicare-programs-emergency-preparedness-requirements-for-medicare-and-medicare](http://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicare-programs-emergency-preparedness-requirements-for-medicare-and-medicare).) WHEPP is a federally grant-funded, state program administered by the Wisconsin Department of Health Services that supports emergency preparedness planning and response for hospitals and other health care organizations.

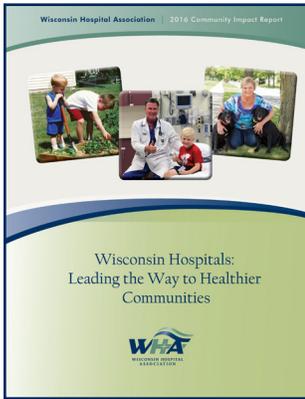
During the presentation, Brenton led a discussion of some of the rule's new emergency preparedness requirements for hospitals, which include an emergency plan, a communications plan, policies and procedures, and a training and testing program. These regulatory requirements must be implemented by November 15, 2017.

Brenton also highlighted language from the final rule showing that CMS continues to recognize the central role of hospitals in emergency preparedness planning and response. According to CMS, because hospitals often are "the focal points for health care" and "frontline entities in response to mass casualty incidents," "it is essential that hospitals have the capacity to respond in a timely and appropriate manner in the event of a natural or man-made disaster."

In addition, Brenton led the WHEPP advisory group through a discussion of how CMS recognizes regional health care coalitions may have technical expertise and resources that may be useful to health care organizations in meeting some of the new regulatory requirements. Wisconsin has seven regional coalitions that receive some funding through WHEPP for health emergency planning and response.

If you have questions regarding emergency preparedness, contact Andrew Brenton at 608-274-1820 or [abrenton@wha.org](mailto:abrenton@wha.org), or visit [www.wha.org/emergencyPreparedness.aspx](http://www.wha.org/emergencyPreparedness.aspx).

## Cont'd. from page 1 . . . Wisconsin Hospitals' Statewide Community Impact Totals \$1.7 Billion



Medicare reimburses hospitals at a rate that is about 78 percent of cost.

WHA surveys its 133 member hospitals and health systems annually and asks them to describe and quantify the programs, services and activities they provide at or below cost, solely because those programs meet an identified health need in the community. (See the WHA 2016 Community Impact report: <http://www.wha.org/pdf/2016cbreport.pdf>).

“Wisconsin hospitals are committing financial and human resources to improve the overall health status of our state by providing essential services in their communities, which, if they were not available, would place a much greater burden on our state and local governments,” according to WHA President/CEO Eric Borgerding. “By doing this, Wisconsin hospitals and health systems support

a health care ‘safety net’ across the state and ensure our most vulnerable populations receive the care they need.”

While the amount of charity care hospitals reported was \$176 million in 2015, which was less than the \$278 million in 2014, the number of patient visits that qualified for free care in 2015 increased 21 percent, from 1.3 million in 2014 to 1.6 million in 2015.

“Charity care can vary from year to year, depending on the types of cases that qualify,” according to WHA Senior Vice President/COO Brian Potter. “The fact that there were more cases, and the cost decreased, may reflect the fact that more services are provided in the less costly outpatient setting than in the hospital, which is consistent with what we are seeing with all patient care.”

Another factor that contributes to the decrease in charity care is the uninsured rate in Wisconsin is 5.7 percent, which is the six lowest uninsured rate in the country, tied with Rhode Island. There were 195,000 more people in Wisconsin with insurance coverage in 2015 since the passage of the Affordable Care Act (ACA) in 2013.

“While more people have gained coverage, we still see many patients struggle to meet their co-pays and deductibles,” Potter said. “That continues to be a real concern for hospitals.”

### ***Hospitals Support Clinical and Graduate Medical Education***

Building tomorrow’s workforce is a priority for Wisconsin hospitals and health systems. Statewide, hospitals spent \$177 million on graduate medical education for physicians and nearly \$12 million on education and clinical experiences for nurses.

### ***Hospitals Absorb Nearly \$13 Million Loss Operating Nursing Homes***

Keeping those who are elderly or in need of rehabilitation services in the community is one of the most valued and necessary services requested by patients and their families. In some communities, hospitals are the sole providers of those services. In 2015, 14 hospitals that operated nursing homes reported losses totaling nearly \$13 million, a slight decrease from 2015. Hospice care is also becoming increasingly more available because hospitals recognize the value of end-of-life services for their patients and families. Hospitals typically report hospice services are operated at a loss.

### ***Hospitals Identify Community Health Needs, Develop and Implement Plans***

In 2013, under a new requirement of the Affordable Care Act, hospitals were required to complete a formal community health needs assessment (CHNA) in partnership with public health and other community partners to assess, address and prioritize community health needs. While the formal process is new to some, the work is not. Improving the health of the entire community is at the heart of every hospital and health system’s mission.

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## **Cont'd. from page 7 . . . Wisconsin Hospitals' Statewide Community Impact Totals \$1.7 Billion**

While each hospital conducted a CHNA, the types of problems identified across the state shared some similarities. Most of the hospitals identified several of the following as issues in their community: access to care, mental health, alcohol and drug abuse, nutrition, obesity, physical activity and tobacco. Hospitals reported spending \$65 million on activities and programs aimed at improving community health.

"Hospitals have never allowed the boundaries of their campus to restrict their engagement with the community," according to Borgerding. "Hospitals use their human and financial resources to focus on factors that improve people's health while creating a healthier environment that attracts new economic development and makes our state a great place to live and work."

Visit [www.wiServePoint.org](http://www.wiServePoint.org) to review the 2016 WHA Community Benefits Report. It also has patient stories and descriptions of free and reduced-cost services that hospitals provide in their communities.