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WHA Applauds Continued Focus on Addressing Heroin and Opioid Addiction

Governor Walker signs HOPE bills into law at four health system locations

A package of eight bills was signed into law March 17 by Gov. Scott Walker that seeks to combat the opioid abuse and misuse epidemic in Wisconsin. Known as the H.O.P.E (Heroin, Opioid Prevention and Education) legislative package and authored by Rep. John Nygren (R-Marinette), these bills take a multi-pronged, multi-stakeholder approach to working to address this complex epidemic.

There is no single solution to this problem. The package of bills signed into law illustrates the complexity of this issue and highlights the important collaborative work and support of state and community leaders, law enforcement, patient groups and health care providers.

"Wisconsin's hospitals and their emergency departments see the terrible effects of prescription painkiller abuse in our communities," according to Wisconsin Hospital Association President/CEO Eric Borgerding. "The fact that the Governor is signing the H.O.P.E package in hospitals across the state recognizes that emergency departments are at the front lines of this epidemic, and that hospitals and health systems across the state have a key role in working with community partners in helping to address it."

"We very much appreciate the commitment and partnership from leaders like Governor Walker, Representative Nygren, Attorney General Schimel and lawmakers across the state, but the work does not end with the signing of today's bills," Borgerding said. "WHA recognizes Wisconsin hospitals and health systems have an important role in working with community partners to address the opioid abuse epidemic. WHA will continue to provide information and resources to Wisconsin hospital and health systems leaders to help them combat opioid abuse and misuse in their communities." *(continued on page 10)*

Nationally-Recognized Collaborative Work in Wisconsin Reduces Infections

Wisconsin has a solid history of collaboration among three key organizations: the Division of Public Health (DPH); Wisconsin Hospital Association (WHA); and MetaStar, which represents Wisconsin in the Lake Superior Quality Improvement Network, and is tasked with helping hospitals reduce hospital-acquired infections (HAIs). DPH maintains robust surveillance processes to measure and track infections and potential outbreaks. WHA and MetaStar work with hospitals to decrease infection rates through the implementation of best practices. The three organizations are very focused on coordinating their work to avoid duplicating services and ensuring that all hospitals with high infection rates are getting assistance with their improvement work.

In January 2016, this highly collaborative partnership was recognized by the Health Research and Education Trust (HRET) with a contract, funded by the Centers for Disease Control (CDC), to serve as a national model for reducing infections. Wisconsin is one of only five states that includes Michigan, Tennessee, Massachusetts and Arizona to receive this contract. All five organizations will work with HRET and the CDC over the next 18 months to reduce hospital-acquired infections and develop learning content for other states to replicate so they, too, can reduce their infection rates.

"WHA is proud of the relationship we have with DPH and MetaStar, and we were pleased to receive this contract. Our goal is to not only continue our work on reducing hospital-acquired infections, but also help other states develop similar relationships," said Kelly Court, WHA chief quality officer. *(continued on page 2)*

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The initial focus of the group will be Clostridium difficile infections. The rate of Clostridium difficile infections is the only nationally-reported infection that is increasing instead of decreasing. Wisconsin hospitals with higher infection rates will be invited to a statewide in-person learning event to review best practices and develop action plans for reducing their infection rates. Hospitals that attend the learning events will also receive individual coaching from WHA and MetaStar staff to enable successful implementation of the action plans developed during the learning event. Hospital recruitment to attend the learning event will begin this month.

"We are confident Wisconsin hospitals that are recruited for this work will enroll in the learning event and work with us to develop and implement very successful plans," said Court.

WHA Lauds Introduction of Physician Residency Bill *Bipartisan Wisconsin effort to address federal regulatory glitch*

Bipartisan legislation authored by Wisconsin Representatives Reid Ribble and Ron Kind under H.R. 4732 and S. 2671 by Senators Bill Nelson, Ron Johnson and Tammy Baldwin will fix a technical glitch in federal Medicare regulations related to physician residencies. The Wisconsin Hospital Association (WHA) lauds introduction of both bills known as the Advancing Medical Resident Training in Community Hospitals Act.

"WHA greatly appreciates the leadership of Reps. Ribble and Kind in authoring H.R. 4732, the Advancing Medical Resident Training in Community Hospitals Act, and Sens. Johnson and Baldwin for their leadership on the Senate bill," said WHA President/CEO Eric Borgerding. "This technical correction is essential for hospitals like those in Green Bay to be able to meet their community's growing physician residency needs. WHA thanks the entire Wisconsin Congressional Delegation for their bipartisan support."

H.R. 4732 and S. 2671 address a glitch in the federal Centers for Medicare & Medicaid Services (CMS) rule that inappropriately caps the number of residency positions at HSHS St. Vincent and Bellin in Green Bay, said a WHA letter to Wisconsin U.S. Senators and U.S. Representatives in support of the legislation.

"Our previous research found that some 86 percent of physicians who attend medical school in Wisconsin and complete their residency in Wisconsin stay in Wisconsin, said Borgerding. "With the Medical College of Wisconsin's Green Bay campus enrolling its first class of students last year, making sure residency positions are available locally is essential."

"WHA encourages Congress to act quickly on this important yet simple technical fix," Borgerding said in a news release after the legislation was introduced. "Doing so will help Wisconsin continue to meet the needs of our patients and communities."

Read WHA's letter at: www.wha.org/pdf/2016WHAGMEsupportLtrRibble3-16.pdf

Read WHA's news release at: www.wha.org/nr3-16-16residencybill.aspx



Rep. Ribble on the way to the House floor to officially introduce HR 4732 on physician residencies.

New CDC Guidelines on the Use of Opioids Added to WHA Resource Page

On the heels of the Milwaukee County medical examiner's office releasing data showing a record high 255 people died of drug overdoses in 2015, an increase of 53 percent from 2012, the U.S. Centers for Disease Control (CDC) and Prevention issued a new guideline March 15 designed as an "urgent response" to rein in the prescribing of opioids for chronic pain. 178 of the 255 Milwaukee County deaths involved prescription drugs, including alprazolam, diazepam, hydrocodone and morphine. Nationwide more than 165,000 overdose deaths and a quadrupling of narcotic painkiller prescriptions have occurred in the last 15 years. The new guideline is available at www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm.

As a key element of WHA's Health Care Leaders Opioid Initiative, WHA's Education Resource Page (www.wha.org/opioid.aspx) serves as an important resource for Wisconsin health care leaders. Meant to be responsive and dynamic, the WHA resource page will add new resources as they become available. Since the CDC does not regulate medicine, the new guideline is not binding, but it encourages physicians and patients to talk and make informed decisions while strongly discouraging the use of opioids as a first choice for chronic pain. For further information contact Steven Rush, WHA vice president, workforce and clinical practice, at srush@wha.org.

As another element of the WHA Health Care Leader Opioid Initiative, on March 17, WHA hosted its second webinar in the WHA Member Forum series focused on assisting health care leaders identify their role in the opioid abuse issue. The most recent webinar focused on best practices currently in place in the health systems Wheaton Franciscan Healthcare and Aurora Health Care. The next webinar in the series focuses on drug diversion in the health care workplace, and will include strategies to prevent, detect and intervene on drug diversion. "Drug Diversion from the Health Care Workplace: A Multiple Victim Crime" is scheduled April 5 and will feature Keith Berge, MD, who heads Mayo Clinic's drug diversion efforts at all Mayo sites. For more information or to register for this upcoming event, visit: <https://events.SignUp4.net/drugdiversion-opioids>.

Medical Examining Board Holds First Committee Meeting on Telemedicine Rule

The Wisconsin Medical Examining Board's (MEB) Telemedicine Subcommittee met for the first time March 16 to begin the review and revision of the previously introduced draft rule on telemedicine, MED 24. As previously reported in *The Valued Voice* (www.wha.org/Data/Sites/1/pubarchive/valued_voice/WHA-Newsletter-1-22-2016.htm#2) the MEB introduced draft language of MED 24 in November 2015 and then held a public hearing in January 2016. WHA testified in January, along with several other key stakeholders, requesting the MEB reconsider the need for the rules, and if the process of rule writing were to continue, that a MEB subcommittee be formed to more fully analyze the need for the rules and to also allow the full engagement of stakeholders.

At the March 16 meeting, the MEB Telemedicine Subcommittee began by first discussing the intent of the bill and whether or not existing rules and regulations provide adequate oversight for telemedicine. There was not consensus from the four-person committee on this fundamental issue. Committee Chair Ken Simons, MD, stated it is clear "we need guidance before we proceed further" in response to a concern raised by fellow committee member, David Roelke, MD, that although well intentioned, new rules on telemedicine could have "unintended consequences."

Department of Safety and Professional Services staff suggested committee members prepare for the next meeting scheduled May 18 by reviewing the American Telemedicine Association's "State Telemedicine Gap Analysis" (www.americantelemed.org/docs/default-source/policy/2016_50-state-telehealth-gaps-analysis--coverage-and-reimbursement.pdf) as this document, in part, outlines unintended consequences that occurred when other states passed telemedicine legislation and rules.

WHA continues to maintain that the telemedicine rule, in its current draft version, might be unnecessary and/or duplicative of existing rules that pertain to medicine. *(continued on page 4)*

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No actual review or revision to the currently proposed MED 24 rule occurred at the March 16 meeting. WHA's Task Force on Telemedicine will continue to provide input to the MEB. For more information contact WHA Vice President of Workforce and Clinical Practice Steven Rush at srush@wha.org.

2016 County Health Rankings Data Valuable to CHNA Process

Hospitals and health systems have looked forward to the release of the 2016 County Health Rankings because the data collected and shared in this annual report from the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute is helpful in the community health needs assessment process. The Health Rankings make it clear that good health includes many factors beyond medical care, such as education, jobs, smoking, access to healthy foods and parks, and more.

Wisconsin county-specific information is available here: www.countyhealthrankings.org/app/wisconsin/2016/overview.

This year's Rankings show that the healthiest counties within states have higher college attendance, fewer preventable hospital stays, fewer sexually transmitted infections and better access to parks and gyms. The least healthy counties in each state have more smokers, more teen births, lower high school graduation rates, and more children living in single-parent households.

The 2016 County Health Rankings Key Findings Report highlights social and economic factors that drive health. This year's data shows:

- **Premature death rates are dropping.** In fact, 60 percent of the nation's counties are seeing drops in years of life lost when people die early (before age 75). But for many counties, these rates are not improving—40 percent of counties are not making progress in reducing premature deaths.
- **Almost one out of four children in the U.S. lives in poverty.** Child poverty rates are more than twice as high in the unhealthiest counties in each state than in the healthiest counties.
- **Violent crime rates are highest in the South.** Violent crime rates, which affect health, well-being, and stress levels, are highest in the Southwest, Southeast, and Mississippi Delta regions.
- **Having a job influences health.** Unemployment rates are 1.5 times higher in the least healthy counties in each state as they are in the healthiest counties. During the recession, counties in the West, Southeast, and rust belt region of the U.S. were hit hardest by growing unemployment. Many, but not all, of these counties have seen their unemployment rates drop since the recession ended in 2010.

Hospitals, health systems and local health departments can use the Rankings to support their work and invite new partners to the table—leaders in education, business, and community development—to take action and put healthy choices within everyone's reach.

The County Health Rankings & Roadmaps program offers data, tools, and resources in the Roadmaps to Health Action Center (www.countyhealthrankings.org/roadmaps/action-center) so hospitals, community partners, and local health officials can accelerate their health improvement efforts.

Karen Timberlake, director of the UW Population Health Institute, and Wisconsin State Public Health Officer Karen McKeown will both be featured speakers at the WHA Community Health Summit May 5 in Madison. Bring a team. Register here: <https://events.SignUp4.net/16CBSummit0505>

Grassroots Spotlight

U.S. Rep. Moore Visits CSM Columbia College of Nursing



U.S. Representative Gwen Moore recently visited Columbia St. Mary's Columbia College of Nursing (CCON) in the Milwaukee area. During her time at CCON, Rep. Moore was able to see the laboratory, telemedicine capabilities, patient simulations (see photo right) and the classroom setting (see photo below left).

Rep. Moore has been active on legislation addressing contradictory federal requirements with which CCON must comply. That legislation is known as the MEND Act, H.R. 1784 and S. 629. WHA also supports this legislation.



2016 Advocacy Day Registrations Top 900 *Less than two weeks until premier event on March 30*

WHA Advocacy Day registrations topped 900 this week with just under two weeks left before this premier event on March 30 in Madison. Over 500 individuals are planning to go on legislative visits that afternoon. Make sure to register quickly if you have not yet done so at: <https://events.SignUp4.net/16AdvocacyDay0330>.

"Once again our hospital leaders, employees, trustees and volunteers are rallying around Advocacy Day in incredible numbers to show support for their local hospitals and health systems," said WHA President/CEO Eric Borgerding. "We know this makes an impact in our state capitol."

Attendees will hear from morning keynote American Hospital Association President/CEO Rick Pollack who will share the latest from our nation's capital in Washington, DC. Gov. Scott Walker is confirmed as the luncheon keynote speaker. Also in the morning will be a legislative leaders panel, including confirmed panelists: Sen. Leah Vukmir (R-Brookfield), Sen. Jon Erpenbach (D-Middleton), Rep. Jim Steineke (R-Kaukauna) and Rep. Peter Barca (D-Kenosha).

Then it's off to the state capitol for legislative meetings, the most important part of the day. Over 500 individuals have already registered to go on legislative visits in the afternoon. Those individuals will have an issues briefing that day as well as two pre-Advocacy Day optional webinars to learn more.

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In addition, the Wisconsin Hospitals State PAC and Conduit will have a kick off breakfast that morning at the Monona Terrace for individuals who have contributed already in 2016. To participate in that breakfast, contribute online at www.whconduit.com and RSVP to Jodi Bloch at jbloch@wha.org.

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.

WHA Leadership Conference Valued by Physicians, Administrative Leaders

The 11th annual WHA Physician Leadership Development Conference held March 10-11 in Kohler drew more than 180 physician leaders and nearly 50 hospital leaders. More than 70 hospitals, health systems and physician groups were represented at the conference.

Each year, a growing number of physician and hospital leaders find WHA's annual Physician Leadership Development Conference is a valuable tool to help new and seasoned physician leaders bridge the gap between their traditional clinical training and the new approaches to decision making and problem solving they need to consider in their leadership roles.

Crossing Rivers Healthcare CEO Bill Sexton attended the 2016 conference with a team of two physicians and a nurse practitioner. Reflecting on his experience at the event, Sexton said, "This year's Physician Leadership Development Conference is the best I have attended. Our physician leaders learned skills they could not have through experience or a webinar. These skills are immediately implementable in the workplace and will add both clinical and performance improvement value to patient care. Coupled with the networking opportunities we shared, this made the conference an outstanding value. We are already planning our attendance at next year's event."

WHA Chief Medical Officer Chuck Shabino, MD, said physician and hospital leaders alike find great value in participating in the conference. According to Shabino, "The Physician Leadership Development Conference continues to provide a unique opportunity for physician leaders to enhance the skills needed to engage, influence and lead their colleagues and organizations. The value of the conference is evident in the number of 'conference alumni' who attend year after year."

The 2017 event is scheduled March 10-11 at The American Club in Kohler. Mark your calendar, share this date with your medical staff, and encourage your new and potential physician leaders to consider attending as members of your team.

Final Numbers Show 239,000 Wisconsinites Select Health Plan in the Exchange About 84% of enrollees eligible for financial assistance

A little over a month after open enrollment for 2016 ended, the federal Department of Health and Human Services (HHS) released its final state level tabulations showing that just over 239,000 people in Wisconsin have chosen a health plan through the federally-facilitated insurance exchange. About 100,000 more people selected a plan for 2016 as compared to the first open enrollment period for 2014 when HHS identified about 140,000 people had selected coverage through plans offered in the exchange.

Hospitals throughout the state continued working this year to help patients enroll or re-enroll in coverage, with staff on hand to offer assistance in signing up through the healthcare.gov portal. Hospitals also worked with other community members to conduct outreach and education about the importance of having coverage and how to enroll.

Nationwide, 83 percent of all enrollees are eligible for financial assistance. In Wisconsin, 84 percent of enrollees are eligible for financial assistance, compared to about 90 percent in 2015. The average tax credit received in 2016 is \$330 per month. *(continued on page 7)*

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About 70 percent of enrollees in Wisconsin chose the silver level plan, while 23 percent chose the bronze plan. Nationwide, 71 percent chose the silver plan and 21 percent chose the bronze plan. The bronze plan typically has a lower premium, but higher cost sharing in the forms of deductibles, copayments and coinsurance.

Another statistic of interest is the number of enrollees who are new consumers compared to those who have returned to the exchange and had enrolled in coverage last year. In Wisconsin 148,600 people re-enrolled in coverage and of those, nearly 58,000 enrollees switched health plans. This means they did not select the same plan in 2016 as they had in 2015, nor did they select a similar plan offered by the same issuer as their 2015 plan. According to the HHS data, those who switched plans are saving an average of \$54 per month on their premiums, or \$653 per year.

It is important to note that the number of people who have enrolled in a plan may be quite different than the number who "effectuate enrollment" or in the end pay their premiums and maintain their coverage. In 2015, for example, HHS reported about 206,000 people had originally enrolled in coverage, and a later report in September 2015 showed about 175,000 had maintained that coverage. HHS's report on effectuated enrollment for 2016 is not yet available and will be published separately. In addition, in past years HHS has provided data at the zip code level. This data has also not yet been released. WHA will report on this information when it becomes available.

To view the latest reports, go to: <https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>.

Wisconsin Health Centers Receive Over \$1.7 Million to Battle Opioids

U.S. Health and Human Services (HHS) Secretary Sylvia M. Burwell announced \$94 million in Affordable Care Act funding to 271 health centers in 45 states, the District of Columbia, and Puerto Rico to improve and expand the delivery of substance abuse services in health centers, with a specific focus on treatment of opioid use disorders in underserved populations. Wisconsin health centers will receive over \$1.7 million.

"The opioid epidemic is one of the most pressing public health issues in the United States today," said Secretary Burwell. "Expanding access to medication-assisted treatment and integrating these services in health centers bolsters nationwide efforts to curb opioid misuse and abuse, supports approximately 124,000 new patients accessing substance use treatment for recovery and helps save lives."

The Wisconsin Health Centers to receive these funds are listed below.

Organization Name	City	Award Amount
16th Street Community Health Center, Inc.	Milwaukee	\$352,083
Family Health Center of Marshfield, Inc.	Marshfield	\$406,250
Lakes Community Health Center, Inc.,	Iron River	\$325,000
Madison Community Health Center, Inc.	Madison	\$325,000
Outreach Community Health Centers, Inc.	Milwaukee	\$325,000

Steven Rush, WHA vice president for workforce and clinical practice, was pleased to learn of this large allocation of funds for Wisconsin.

"WHA has taken a strong leadership position with our Health Care Leaders Opioid Initiative, and these funds that support our communities strengthen the statewide efforts of our allies and partners," Rush said.

To read the full press release, visit: www.hhs.gov/about/news/2016/03/11/hhs-awards-94-million-to-health-centers.html. To learn more about the awardees, visit: <http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/fy16awards.html>.

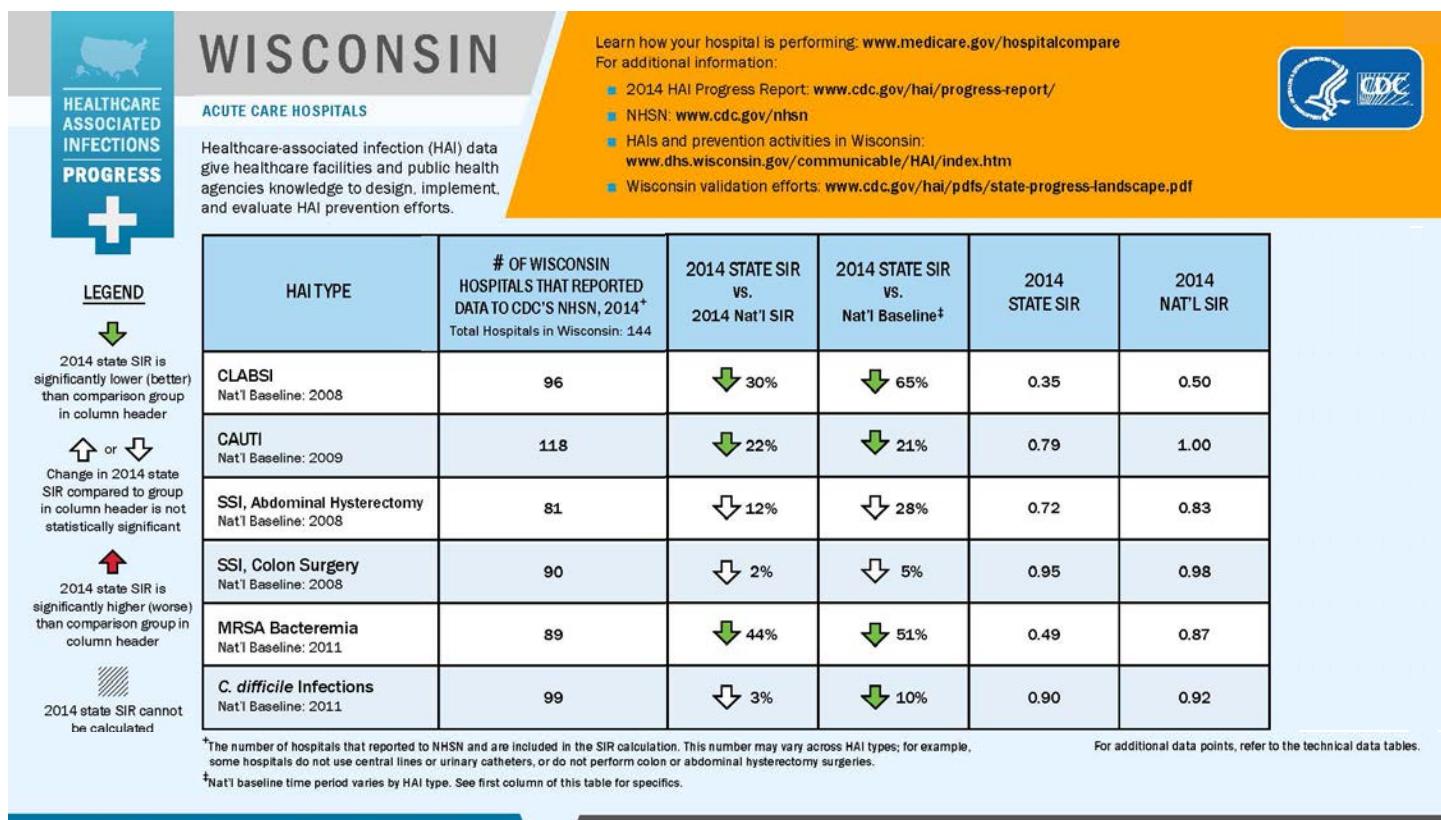
CDC Releases Health Care-Associated Infections Progress Report

The Centers for Disease Control (CDC) released their 2016 National and State Healthcare-Associated Infections (HAIs) Progress Report, based on 2014 data. The report expands upon and provides an update to previous reports detailing progress toward the ultimate goal of eliminating HAIs. The HAI Progress Report consists of national and state-by-state summaries of health care-associated infections. Infection data in this report includes central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), select surgical site infections (SSI), hospital-onset Clostridium difficile (C. difficile) infections, and hospital-onset methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia (bloodstream infections).

The report describes significant reductions reported at the national level in 2014 for nearly all infections when compared to the baseline data. CLABSI and abdominal hysterectomy SSI show the greatest reduction. Some progress is shown in reducing hospital-onset MRSA bacteraemia and hospital-onset C. difficile infections.

"Wisconsin hospitals and health systems are focused on collaborating to improve the quality of care for our patients," according to Kelly Court, WHA chief quality officer. "We have made very good progress in reducing hospital-associated infections, and we continue to work together to drive the rate to zero."

Below is a summary of Wisconsin's progress as documented in the CDC report.



WHAT IS THE STANDARDIZED INFECTION RATIO?

The standardized infection ratio (SIR) is a summary statistic that can be used to track HAI prevention progress over time; lower SIRs are better. The SIR for a facility or state is adjusted to account for factors that might cause infection rates to be higher or lower, such as hospital size, teaching status, the type of patients a hospital serves, and surgery and patient characteristics.

WHAT IS WISCONSIN DOING TO PREVENT HEALTHCARE-ASSOCIATED INFECTIONS?

Prevention efforts to reduce specific HAIs:

- Central line-associated bloodstream infections
- Catheter-associated urinary tract infections
- Surgical site infections
- Multidrug-resistant infections (C. difficile, CRE)
- Long-term care facilities

- Antibiotic stewardship
- Targeted Assessment for Prevention (TAP) strategy

For prevention effort details, see glossary.

WHA's Symposium for Patient and Family-Centered Care and Engagement, May 20 Registration now open

On May 20, WHA is offering members the rare opportunity to learn practical strategies of patient and family-centered care to enhance quality, safety and the experience of care directly from the Institute for Patient- and Family-Centered Care (IPFCC). WHA's Symposium for Patient and Family-Centered Care and Engagement will highlight three faculty from IPFCC, which is widely recognized as a leader in advancing the understanding and adoption of patient and family-centered care.

Registration for this special event is now open at <https://events.SignUp4.net/16PFCCESymposium0520>. Hospital managers, front-line nursing staff, nursing leaders, physicians, executive leaders, patient/family advisors and volunteers will benefit most from participating in this Symposium, and hospital staff are encouraged to attend as a team.

The Symposium is scheduled May 20 at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. There is a minimal registration fee to attend this Symposium, thanks to funding provided by the Wisconsin Office of Rural Health. For questions about the Symposium's content, contact Tom Kaster at tkaster@wha.org or at 608-274-1820.

WCMEW Council Reviews 2016 Physician Workforce Report

The Wisconsin Council on Medical Education and Workforce (WCMEW), at their March 15 meeting, reviewed a draft of the 2016 physician workforce report, "*A Work In Progress: Building Wisconsin's Future Physician Workforce*," prepared by George Quinn, WCMEW executive director. The report included the status of recommendations from the 2011 physician workforce report, projections for the year 2035 and a new set of recommendations.

Quinn reported that progress has been made on the recommendations from the 2011 report, including:

- A new state-funded graduate medical education (GME) grant program, funding 11 new or expanded programs in primary care, general surgery and psychiatry;
- New campuses being opened by the Medical College of Wisconsin (MCW), and expansion of existing rural/inner city programs by the University of Wisconsin School of Medicine and Public Health (UW); and,
- Better understanding of changes in care delivery through WCMEW's two statewide conferences on team-based care in 2014 and 2015.

Quinn shared a preliminary draft of the 2016 report, which will be released later this spring.

In other business, the Council:

- Heard from Sandy Anderson, chair of the Post-Graduate Work Group, about plans for a statewide GME conference scheduled for May, and a proposed survey of medical students and GME residents to understand their impressions of their training experiences and future plans;
- Reviewed and approved suggested changes in the mission and charge of the Care Transformation Work Group (chaired by Sarah Sorum, PharmD) to include additional elements, including telemedicine;
- Voiced support for a proposal presented by Gina Dennik-Champion, executive director of the Wisconsin Nurses Association, to convene regional meetings to discuss challenges and progress in implementing team-based care; and,
- Provided feedback to Tim Size, chair of the WCMEW Data Collaborative, on how to address the outdated forecast of nursing supply and demand in Wisconsin. The State currently has no plan to update their 2012 forecast with either 2014 or 2016 re-licensure data. Size and Quinn will schedule a meeting with the Governor's office.

Questions or comments should be directed to George Quinn at gquinn@wcmew.org or 608-516-5189.

Member News: Jim Nelson Appointed to Worker's Comp Health Care Committee



Jim Nelson

Jim Nelson, senior vice president, finance and strategic development/CFO, Fort HealthCare, has been appointed to the Worker's Compensation Health Care Provider Advisory Committee. The Health Care Provider Advisory Committee was created in 2006 to help establish guidelines for necessary treatment of employees with compensable worker's compensation injuries to prevent unnecessary treatment.

Nelson is involved in numerous health care-related organizations, and he has recently represented providers by serving on a federal advisory committee on hospital outpatient payment issues. Nelson has been active in the Wisconsin Chapter of the Healthcare Financial Management Association, including serving as chapter president. He is also active on WHA's Council on Finance.

"Jim's strategic vision and leadership have been valuable in every area in which he has served, and we are confident his thoughtful approach to health care will be of value to the Committee and the State of Wisconsin," said Joanne Alig, WHA senior vice president for policy and research, and WHA's liaison to the Worker's Compensation Advisory Committee.

Nelson is one of two hospital representatives on the Committee and will serve along with Amanda Gilliland, RN, supervisor of patient accounts at UW Health. He succeeds Pete Nelson of Divine Savior Healthcare who completed his service last fall.

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Four Wisconsin health care systems hosted the Governor including: Prevea Marinette Health Center and Libertas Treatment Center of Marinette; Aspirus Wausau Hospital; Mayo Clinic Health System, Eau Claire; and ProHealth Care, Oconomowoc.

"Wisconsin, like many other states across the country, is noticing a dangerous trend—an escalating number of cases involving heroin and opioid use, addiction, and overdose," Governor Walker said.

Below are photos and comments from the bill signing ceremonies:



On March 17, Gov. Scott Walker (R-WI) signed into law the bipartisan approved Heroin and Opiate Prevention and Education (H.O.P.E) bill, a multipronged approach to addressing the heroin and opiate addiction epidemic in Wisconsin, at Mayo Clinic Health System in Eau Claire. Joining the Governor were Sen. Sheila Harsdorf, Rep. John Nygren, Rep. Tom Larson, Rep. Warren Petryk, and Rep. Romaine Quinn.



Health care and government leaders were among those attending a bill signing ceremony at Aspirus Wausau Hospital. Pictured above, from left, are Sen. Jerry Petrowski, R-Marathon; Darrell Lentz, President of Aspirus Wausau Hospital; Matthew Heywood, President/CEO of Aspirus; Gov. Scott Walker; Rep. John Nygren, R-Marinette; Charles Shabino, MD, Wisconsin Hospital Association; Bill Wessels, MD, Chief Medical Officer at Aspirus Wausau Hospital.

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Timothy Westlake, MD, Emergency Medicine Physician, Oconomowoc Memorial Hospital and Lake Country Emergency Physicians in Oconomowoc; Steven Kulick, MD, ProHealth Care Chief Medical Officer; Gov. Scott Walker; Rep. John Nygren



Paula Manley, Executive Director, Behavioral Care, HSHS Eastern WI Division and Prevea; Keith Elkins, MD, Prevea physician, medical director for Libertas Marinette and the physician who is part of the HOPE grant; Gov. Scott Walker; Ashok Rai, MD, President/CEO, Prevea Health.

"The opioid abuse and misuse epidemic in Wisconsin is real. As health care providers, we see firsthand the devastating affects it is having on people and their families, and we fully support and appreciate the efforts of the Governor and local lawmakers to address this issue." - Ashok Rai, MD, President/CEO, Prevea Health

"One of the most urgent concerns facing health care right now is opioid misuse and abuse. As physicians, we see, firsthand, the devastating impact of heroin and opioid addiction." - Donn Dexter, MD, neurologist and Vice Chief Medical Officer, Mayo Clinic Health System, northwest Wisconsin

"Although Aspirus serves a very rural region of Wisconsin, no communities are immune from the devastating effects of heroin and prescription pain abuse. The H.O.P.E. legislation is important because it brings together health providers with myriad other agencies and organizations to address this widespread issue." - Matthew Heywood, President/CEO, Aspirus

"We are honored that the Governor came to ProHealth Oconomowoc Memorial Hospital to discuss and sign these bills. All of us understand the significance of the problem of heroin and prescription opiate use and dependence. Because we live in a state with a long history of effective government and excellent health care, we are hopeful that we can solve this problem. The H.O.P.E. legislation is a huge step toward a solution." - Steven Kulick, MD, Chief Medical Officer, ProHealth Care