

WHA Launches Physician Quality Academy, Registration Now Open

Physicians are often assigned a role with a hospital or health system's quality department or committee, or they are asked to lead a quality improvement project. Knowledge about quality improvement tools and principles can increase the likelihood that a physician will be more successful in and comfortable with his/her leadership role.



WHA is pleased to launch the WHA Physician Quality Academy to ensure that physicians have access to the training and resources necessary to lead quality improvement initiatives. The Academy offers two non-consecutive days of in-person training and access to supporting resources both between and after the live sessions. Participants will learn to design and conduct quality improvement projects utilizing proven improvement models; interpret data correctly; facilitate physician colleague engagement in quality improvement and measurement; and, discuss quality requirements, medical staff functions and their link to quality improvement.

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WHA, Hospitals Asked to Testify at Assembly Mental Health Committee

Workforce, Payment and Regulatory Reforms Key to Addressing Needs

Hospitals and health systems are making investments to increase access to mental health services and transform how those services are delivered; however, addressing a critical mental health workforce shortage, MA reimbursement for mental health, and modernizing payment and regulatory policies are necessary to sustain those investments according to testimony provided at a January 17 Assembly Mental Health Committee meeting.

Testifying by invitation of the Committee, Pete Carlson, president – Aurora Psychiatric Hospital and Behavioral Health Services; Matt Sager, MD, psychiatric medical director, SSM Health; and, Matthew Stanford, WHA general



Dr. Matt Sager, behavioral health medical director, SSM Health St. Mary's Hospital and WHA's Matthew Stanford testify before the Assembly Committee on Mental Health January 17 in the State Capitol.

counsel, each thanked the Committee and the Legislature for its new sustained policy focus on the importance of mental health and their efforts to advance accessible and well-coordinated care for individuals with mental health needs.

Carlson detailed several investments to increase behavioral health capacity

and access by Aurora Health care, including \$35 million in improvements at its Wauwatosa campus to expand inpatient beds. Sager similarly shared news of SSM Health's multi-million dollar expansion and transformation of its behavioral health services at SSM Health St. Mary's Hospital in Madison. Stanford



Aurora Psychiatric Hospital and Behavioral Health Services President Pete Carlson provides testimony before the Assembly Committee on Mental Health at an informational hearing January 17 in the State Capitol.

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said other hospitals and health systems across Wisconsin have also recently made or are making investments to improve access to behavioral health services.

But while capacity is being increased, "the need for mental and substance abuse treatment continues to greatly outpace access to such services," said Carlson. To address that need, Carlson, Sager and Stanford emphasized the need to address mental health workforce shortages and payment and regulatory reform.

"Unless Wisconsin addresses the shortage of psychiatrists and other mental health professionals, Wisconsin faces a future of declining accessibility of mental health services caused by a lack of workforce to meet the patient demand," stated Stanford. "WHA encourages the Legislature to continue to identify opportunities for the Legislature to address this shortage and looks forward to working to implement potential solutions with the Committee."

Stanford also called on the Committee to continue to explore new care delivery policy and payment reforms that can encourage greater patient access to modern mental health care delivery models. He said that regulatory and reimbursement policy is lagging behind the care delivery practices being encouraged, particularly regarding care coordination and integration of mental health services with physical health services.

Carlson specifically highlighted last year's Behavioral Health Care Coordination Pilot bill signed into law in February 2016 - though implementation has not yet begun by DHS - as an example of a Medicaid payment reform that changes from "a fee-for-service-based delivery model that focuses on 'sick' patients to one that is value-based and focuses on prevention of illness." He highlighted a care coordination model at Aurora Sinai Medical Center that has resulted in a 30-50 percent drop in ED visits and a corresponding \$4 million reduction in charges.

"We believe that these results provide an example that could be replicated to help alleviate state budget constraints and lead to better patient outcomes," said Carlson. "We look forward to the implementation of the behavioral health pilot by DHS."

Other groups at the hearing similarly expressed the need to review Wisconsin regulations, particularly regulations governing outpatient mental health clinics. Gregory Jurenc, representing the Wisconsin Psychology Association called for the Committee to eliminate what he described as an unnecessary and burdensome certification requirement for outpatient mental health clinics that is redundant with the professional licensure requirements of the psychiatrists, psychologists and therapists that provide services in those clinics.

"WHA echoes the concerns raised by the Wisconsin Psychology Association that Wisconsin's outpatient mental health certification rule has become outdated and is a barrier to access," says Stanford. "Revisiting DHS's outpatient mental certification rule is a key priority for Medicaid reform identified last fall by WHA's Medicaid Advisory Work Group."

Other issues highlighted by WHA included the need for targeted emergency detention clarifications and that WHA looks forward to working with the Committee this year to provide such new clarification. Stanford also provided an update on the WHA Information Center's successful launch of the statewide voluntary inpatient psychiatric bed locator system that makes it easier for emergency departments to identify bed availability for patients in need of inpatient psychiatric treatment. He said since the inception of the program, it has generated nearly 2,000 queries by emergency departments.

New ePDMP launched January 17

Prescribers and dispensers will need to take action

Significant changes to the Wisconsin Prescription Drug Program (PDMP) are occurring, and prescribers and dispensers will need to act to continue to be able to access the PDMP and to start the process to connect to the new PDMP via their electronic health record (EHR).

On January 17, 2017, the Wisconsin Department of Safety and Professional Services (DSPS) launched the Enhanced Prescription Drug Monitoring Program (ePDMP) intended to provide more streamlined web access to PDMP data and new analytics and visualizations of the PDMP data. As communicated in emails December 16, 2016 from DSPS to licensed prescribers, licensed pharmacists and pharmacy managers, data users and submitters to the new ePDMP are required to re-register to use the new ePDMP. Information about the new ePDMP and registration can be found here: <http://dsps.wi.gov/pdmp>

In addition, DSPS has requested that WHA alert health systems that are interested in utilizing their federally-certified EHR technology to access the ePDMP data through their EHR to contact the Wisconsin Enhanced Prescription Drug Monitoring Program. DSPS is encouraging health care organizations to contact DSPS soon so they can complete the integration process before April 1, 2017. During a December 12, DSPS webinar on WI ePDMP-EHR Integration, DSPS directed organizations interested in connecting their EHR to the ePDMP to go to <http://portal.wi.gov/register/index.html#pdmp> for technical/logistical details, which includes a subscription agreement contract with DSPS's vendor and an outline of the implementation model.

For additional information about giving DSPS notice of your interest in EHR integration with the ePDMP, the Prescription Drug Monitoring Program can be reached at pdmp@wisconsin.gov or 608-266-0011.

Save-the-Date: Advocacy Day 2017 – April 19 in Madison

Make an impact in Madison for your hospital by marking your calendar to attend WHA's Advocacy Day 2017 on April 19. Advocacy Day is one of the best ways your hospital employees, trustees and volunteers can make an important, visible impact in the State Capitol.

As always, Advocacy Day 2017 will have an outstanding keynote speaker and the popular legislative leaders panel discussion. In addition, Gov. Scott Walker has been invited to offer a luncheon keynote address.

The highlight of Advocacy Day is always the hundreds of attendees who take what they've learned during the day and then meet with their legislators in the State Capitol in the afternoon. Speaking up on behalf of your hospital by meeting with your legislators during Advocacy Day is essential in helping educate legislators on your hospital and on health care issues.

Save the date and plan to join over 1,000 peers from across the state at Advocacy Day 2017 at the Monona Terrace in Madison. A complete program of the day's events and the link to online registration will be available at www.wha.org in early February.

Register Today for WHA Physician Leadership Development Conference

This year's conference, scheduled March 10-11 at The American Club in Kohler, will include a full day with Kevin O'Connor focusing on the skills needed to elicit connection, communication and cooperation from fellow medical professionals, in a session titled "Emotional Intelligence: The Final Frontier." In addition, a half-day discussion led by Jennifer Grebenschikoff will focus on the physician leader's role in strategic physician recruitment and retention. Continuing medical education credits are available again this year.

Both O'Connor and Grebenschikoff are nationally-recognized faculty from the American Association for Physician Leadership (AAPL), formerly the American College of Physician Executives, and both will discuss important and practical leadership skills that help physician leaders move beyond their clinical training.

Online registration is available at www.wha.org or directly at www.cvent.com/d/nvq2w6.

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"WHA is a recognized leader among hospital associations nationwide in offering our members the support and training that are necessary to successfully implement quality improvement projects in their organizations," according to WHA President/CEO Eric Borgerding. "The WHA Physician Quality Academy is a new resource that we believe will assist our hospitals and health systems engage their physicians and help them lead quality improvement efforts within their health care organizations."

The Academy will be offered twice in 2017, which will allow a physician to choose the cohort that works best for his/her schedule: Cohort #1 will be held May 10 and July 21; and Cohort #2 will be September 29 and November 3. By enrolling, participating physicians are committing to and expected to attend both days of their enrolled cohort. Swapping between cohorts will not be permitted. Attendance will be limited to the first 100 registrants per cohort. Online registration is at <http://www.cvent.com/d/wvq5nm>.

The in-person sessions of the WHA Physician Quality Academy will be held at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. The Academy is jointly provided by AXIS Medical Education and WHA. AXIS Medical Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for physicians. AXIS Medical Education designates this live activity for a maximum of 10 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Registration is now open for the two Academy cohorts in 2017. The full event agenda and online registration are available at <http://www.cvent.com/d/wvq5nm>. An event brochure is also included in this week's packet. For more information contact Jennifer Frank at jfrank@wha.org or 608-274-1820.

Reminder: Meaningful Use Attestation Deadlines for 2016

The Centers for Medicare & Medicaid Services (CMS) announced earlier this week that CMS's Registration and Attestation System for the EHR Incentive Program is now open. Hospitals and physicians participating in the Medicare EHR Incentive Program must use the Registration and Attestation System to attest to the 2016 meaningful use reporting requirements by February 28, 2017, in order to avoid a Medicare reimbursement penalty in 2018. The 2016 EHR reporting period for hospitals and physicians is any continuous 90 days between January 1 and December 31, 2016.

The CMS announcements and the CMS Registration and Attestation System can be found here: <https://ehrincentives.cms.gov/hitech/login.action>.

Hospitals and physicians participating in the Medicaid EHR Incentive Program have until March 31, 2017, to complete their meaningful use attestation for Program Year 2016. The 2016 EHR reporting period for hospitals and physicians is any continuous 90 days between January 1 and December 31, 2016.

Additional information about Medicaid EHR Incentive Program attestation, including instructions for how to attest, can be found at the Program website: <https://www.dhs.wisconsin.gov/ehrincentive/index.htm>.