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## GIB Finalizes State Employee Choices and Premiums for 2018

***Current program structure maintained; premiums to remain flat***

On August 30, the Group Insurance Board (GIB) met to finalize options for the state employee health care program for the 2018 benefit year. The current program model—a fully insured model with health plans participating in various service areas across the state—will remain for 2018, although with some notable changes. This news came after more than two years of in-depth discussions over whether the program should be modified to either a self-funded model or new fully-insured model with fewer plans in four selected regions.

Earlier this year, the state's Joint Finance Committee (JFC) did not approve the GIB request to move to a self-funded model. At the August 30 meeting, the Department of Employee Trust Funds (ETF), which administers the program, indicated it evaluated bids, consulted with the Board chair, and made the determination that it was unlikely to achieve meaningful savings in 2018 by moving to a regional structure. Therefore, ETF proceeded with negotiations for the current program structure for 2018, and on August 30 released details about premiums and health plans within that structure.

First, there will be no increase in premiums in the state program. This is achieved in part through negotiations with health plans, but also by drawing down \$29 million from the program's reserves for 2018. The high level of reserves was an issue identified by the Legislature earlier this year. In voting

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## WHA Post-Acute Work Group Tackles EHR Interoperability and Other Issues



Laura Rose, WHA Vice President, Policy Development; Greg Banaczynski, WHA Post-Acute Work Group Chair; Joe Kachelski, President/CEO, WISHIN

Hospitals and post-acute care providers need to talk to each other to provide smooth care transitions for patients who are discharged to post-acute settings after an inpatient hospital stay. Communication can be challenging for a number of reasons, including incompatible electronic health record (EHR) systems. The patient's medication status, progress report and care plan must be shared promptly and accurately in order to avert potential problems that might result in a poor experience for the patient and potentially lead to a hospital readmission. WHA's Post-Acute Work Group has been studying best practices for communicating patient information during these care transitions.

Joe Kachelski updated the Post-Acute Work Group on the status of WISHIN participation and services. He noted that WISHIN, which was co-founded by WHA in 2010, is maturing as an organization, pointing out that the WISHIN Pulse Community Health Record now contains clinical information on more than 4.9 million unique patients from every county in the state.

Kachelski told the group he expects post-acute-care facilities will be included in the next wave of WISHIN adoption, particularly since they will soon be subject to financial penalties related to preventable readmissions. He emphasized the real-time nature of the data shared via WISHIN Pulse and the fact that

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## **Continued from page 1 . . . WHA Post-Acute Work Group Tackles EHR Interoperability and Other Issues**

the sharing happens automatically and prospectively, ensuring clinical information is available to support effective transitions of care, both into and out of the post-acute-care setting.

Matthew Stanford, WHA general counsel, explained WHA's Team-Based Care Regulatory Reform initiative and sought the Work Group's feedback. The goal of this initiative is to leverage all licensed clinicians' training and experience within a team-based model of care. Work Group members have discussed how certain statutes and regulations can impede team-based care by preventing some health care providers from practicing at the top of their license. To the extent that these barriers can be eliminated, health care providers' abilities may be optimized, including in post-acute care settings.

In addition to promoting best practices for care transitions, the Work Group has identified several policy priorities that it will develop in more detail in upcoming meetings. A top priority is creating incentives for developing specialized post-acute care facilities and services that can meet the needs of patients with multiple, complex conditions. Patient discharges from hospitals may be delayed due to the lack of services that meet the needs of these complex patients, both pediatric and adult, who no longer need hospitalization but require a level of care not readily available in many areas of the state. Many patients require transportation to post-acute settings, and in some areas of the state it is not readily available, which can delay hospital discharge.

An adequate supply of health care providers is a severe area of need in post-acute care, as it is in many other health care settings. The Work Group is examining ways to increase availability of nurse aide training and testing programs to address the acute shortage of these providers. Other workforce priorities identified include increasing the supply of home health workers and private duty nurses. Low reimbursement for these providers may make it extremely difficult to find post-acute care in a home setting for both pediatric and adult patients.

The Post-Acute Work Group will meet again in the fall to discuss these priorities in more detail, with a goal of completing its recommendations by the end of the year.

## **Political Action Spotlight**

### **Next Wisconsin Hospitals State PAC/Conduit Contributor List Runs Sept. 15 *Make your contribution today***

The Wisconsin Hospitals State PAC & Conduit fundraising campaign continues to press forward, raising over \$213,000 to date from 230 individuals. This puts the 2017 fundraising campaign at 68 percent of its \$312,500 goal.

The next full contributor list will run in the September 15 edition of *The Valued Voice*. To make sure your name appears on the list, contribute by September 14. Log onto [www.whconduit.com](http://www.whconduit.com) to contribute online or call WHA's Jenny Boese at 608-268-1816 or Nora Statsick at 608-239-4535.

## **Patient Safety Tools/Concepts the Focus of First WHA Quality Forum Session**

WHA is offering a one-day session October 17 focused on patient safety tools and concepts to launch the new WHA Quality Forum. The Quality Forum is a series of day-long education events that will address high-priority topics for hospital quality leaders and others involved in quality improvement in Wisconsin hospitals and health systems. *(continued on page 3)*

## **Continued from page 2 . . . Patient Safety Tools/Concepts the Focus of First WHA Quality Forum Session**

"Patient Safety Tools and Concepts" will have an emphasis on the deviation management process, and include a discussion on a variety of practical tools including FMEA, RCA2, ACA and risk-based decision making and data management. Kelly Court, WHA chief quality officer, and Alex Hunt, quality assurance manager, Community Blood Center, Appleton, will present. Hunt is well known in Wisconsin quality leadership circles and has served as director of patient safety for Hospital Sisters Health System and was the quality director for the ThedaCare system.

Hospital quality leaders, patient safety officers, risk managers, as well as staff and unit leaders will benefit most from this first session.

A brochure highlighting all six sessions currently planned for the WHA Quality Forum is included in this week's packet. The series includes topics such as medical staff quality, survey readiness, meeting external reporting requirements and more, and presenters for each will share topic expertise and best practice applications.

Registration is open online at [www.cvent.com/d/f5qhb9](http://www.cvent.com/d/f5qhb9). Registration at each session will be limited, so those interested should register as soon as possible. For registration questions, contact Kayla Chatterton at [kchatterton@wha.org](mailto:kchatterton@wha.org). Contact Beth Dibbert at [bdibbert@wha.org](mailto:bdibbert@wha.org) for questions about the content of these education events.

## **Help Physicians Improve Quality at the WHA Physician Quality Academy**



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

You can provide your physicians the training and resources needed by encouraging them to attend the WHA Physician Quality Academy this fall. The WHA Physician Quality Academy offers two non-consecutive days of in-person training, co-led by physicians and quality professionals and geared toward all levels of physician quality engagement, from the general workforce, to medical director, physician champion, or director of quality. 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.

"Attending the Quality Academy was an enlightening experience. (The Academy) helped me develop a broader framework of systems thinking in health care and the importance of critically defining metrics involved," said Paul Bekx, MD, chief of staff and medical director of quality and regulation for Monroe Clinic and participant in the 2017 spring cohort of the Physician Quality Academy.

The fall cohort of the Academy will be offered September 29 and November 3 at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. The agenda and online registration are available at [www.cvent.com/d/wvq5nm](http://www.cvent.com/d/wvq5nm).

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.

## Grassroots Spotlight

### Sen. Testin Joins WHA Western Region, Discusses Rural Health Care Issues



First-term Republican Senator Pat Testin (R-Stevens Point) joined hospital leaders at a meeting of the WHA Western Region to discuss recent action in the state Legislature to promote broadband and encourage health care careers in rural communities. Testin led a robust discussion on several issues impacting our state's hospitals including substance abuse, emergency detention placements, Medicaid reimbursement and provisions of the Rural Wisconsin Initiative that provide matching grants to rural hospital training programs.

Testin was introduced by Tomah Memorial Hospital CEO Phil Stuart, who commended Testin for his work supporting broadband investment, the Medicaid Disproportionate Share Hospital program and improving mental health care access in rural Wisconsin.



Senator Testin with WHA Western Region hospital leaders

Testin commended the group and all of Wisconsin's critical access hospitals for recently receiving recognition as the top performing critical access hospitals in the country for health care quality.

### Rep. Gallagher Attends WHA Medicare Roundtable *Door County Medical Center hosts a dozen hospital leaders at discussion*

On August 25, U.S. Rep. Mike Gallagher joined more than a dozen hospital and health system leaders from his district at Door County Medical Center (DCMC) for a Wisconsin Hospital Association (WHA) roundtable discussion on Medicare.



L to R: Jenny Derks, Travis Pitzen, Elizabeth Cliffe, Jerry Worrick, Rep. Gallagher, Greg Holub.

"As a freshman legislator, our goal was to come together as health care leaders from across Representative Gallagher's district and have a substantive discussion on Medicare regulations and reimbursement," said DCMC's President Jerry Worrick. "We appreciated his time and interest, and look forward to additional conversations on other topics." *(continued on page 5)*

## Grassroots Spotlight (cont'd.)

### Continued from page 4 . . . Rep. Gallagher Attends WHA Medicare Roundtable

Participants provided a look at the origins of the Medicare system and then moved into a detailed conversation about the prospective payment system, critical access hospital designation, and accountable care organizations among other topics. Conversation centered around how various reimbursement mechanisms under Medicare operate and the mounting burden of Medicare regulations on hospitals, physicians and nurses.



Laura Hieb, right, discusses Bellin Health's accountable care organization.

With respect to Medicare's regulatory burden, Jenny Boese, WHA vice president, federal affairs & advocacy, highlighted a recent document WHA submitted to the U.S. House Ways & Means Committee that included nine changes Congress and the administration can pursue to reduce Medicare's burden (see article at [www.wha.org/wha-newsletter-8-25-2017.aspx#s7](http://www.wha.org/wha-newsletter-8-25-2017.aspx#s7)). Gallagher expressed interest in utilizing WHA's submission in his work in Congress.

"Congress should start from the paradigm of how to make health care better for people, not from the perspective of only cutting costs," said Worrick in closing. "This ultimately leads to where we all want Medicare to go."

Hospital, physician and nursing leaders from the following hospitals and health care systems participated in the Medicare roundtable: Door County Medical Center; HSHS Eastern Wisconsin; Bellin Health; Bellin Health Oconto Hospital; Ascension Calumet Medical Center; Ascension Wisconsin and Aurora BayCare Medical Center.

### Hurricane Harvey and How You Can Help

#### **Texas Hospital Association creates fund to help hospital employees impacted by storm**

The devastation in Texas has been enormous. The hospitals and health systems in Texas are under a tremendous strain. Many hospital employees were caring for patients and thinking of others even as their own lives were being greatly impacted by the storm. It is this dedication to their patients and community that sets health care professionals and the staff that support them apart. Now they need our support.

The Texas Hospital Association has established the THA Hospital Employee Assistance Fund to help hospital employees who experienced significant property loss or damage because of Hurricane Harvey. 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. AHA has contributed an initial \$50,000 to get the fund started. For more information or to make a donation, visit [www.tha.org/Harvey/ReliefFund](http://www.tha.org/Harvey/ReliefFund). AHA is working with THA on other ways hospitals and health systems can assist their colleagues in Texas and will share more information when available.

Our thoughts are with all those affected by Hurricane Harvey.

## **Active Shooter, Cyber Threats, Infectious Disease Outbreaks: Be Ready to Respond**

**WHA brings international experts to Madison for Emergency Preparedness Conference**

Wisconsin hospitals must be prepared to respond to a number of challenges, including infectious diseases, active shooters and cyber threats, to name just a few. These very real situations can happen anywhere and at any time.



On September 20, WHA is sponsoring the "WHA Emergency Preparedness Conference: *Ready to Respond*." This one-day conference will feature Vincent Covello, PhD, a nationally and internationally recognized trainer, researcher, consultant and expert in crisis, conflict, change and risk communications. Covello will keynote the conference and offer a deep-dive session in the afternoon specifically for public information officers and health care public relations professionals. Peter Shult, PhD, associate director of the Wisconsin State Laboratory of Hygiene, will brief the audience on infectious disease outbreaks in the past, present and those that are anticipated in the future. Shult will also share best practices and describe ways hospitals can be better prepared for these events.

Chris Sonne and William Castellano, both of HSS EM Solutions, will share best practices and lessons learned from live active shooter scenarios, as well as direct tabletop exercises and a practical, scenario-based training exercise, during a special afternoon session focused on preparing for an active shooter.

The role of state government during an emergency involves a series of steps that are not always well understood by outsiders. Stephanie Smiley, director of the bureau of communicable diseases at the Wisconsin Department of Health Services, will explain the process the State follows to officially declare an emergency and what triggers the declaration that would impact hospitals.

Hospitals are encouraged to take advantage of this in-state training opportunity designed for hospital emergency preparedness directors, emergency department directors and physicians, infection prevention staff, department directors, public relations professionals and public information officers.

This conference is September 20 at the Sheraton Hotel in Madison. The registration fee is \$225 per person. The agenda and registration are available at [www.cvent.com/d/b5qw08](http://www.cvent.com/d/b5qw08).

## **WCMEW Workforce Summit Features President-elect, AAFP**



Michael Munger, MD, president-elect of the American Academy of Family Physicians (AAFP), will keynote Wisconsin's statewide health workforce summit September 27, which is sponsored by the Wisconsin

Council on Medical Education and Workforce (WCMEW). WCMEW is a collaboration of stakeholders across Wisconsin, including the Wisconsin Hospital Association, Wisconsin Medical Society, Medical College of Wisconsin and UW-Madison School of Medicine and Public Health, among others.



*Michael Munger, MD*

Munger will provide opening remarks to hospital leadership, clinicians, and community partners—laying the groundwork for in-depth discussion of public policy, transformation of care delivery, and health workforce data presented throughout the day. He will highlight trends and challenges

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## **Continued from page 6 . . . WCMEW Workforce Summit Features President-elect, AAFP**

facing health care professionals nationwide. He will also present best practices identified by the AAFP, emphasizing the role of health care leadership at all levels and across sectors to strategically plan for the needs of tomorrow's health care workforce. He will present time-sensitive solutions to transforming care delivery and lay the groundwork for conversations around clinician training, community partnerships and present data on projected shortages.

While in Wisconsin, Munger will also tour educational institutions and health care facilities. He is a practicing physician in Leawood, Kansas, where he serves as vice president of medical affairs for primary care at Saint Luke's Medical Group in the Kansas City area. He also serves on the Employed Physician Enterprise Board of Directors. Munger had a critical role in the group's process to secure recognition as a Patient-Centered Medical Home, Level 3, based on 2011 outcome, access and patient satisfaction metrics.

Visit [www.wcmew.org/wp-content/uploads/2017/08/2017wcmew9-27.pdf](http://www.wcmew.org/wp-content/uploads/2017/08/2017wcmew9-27.pdf) for more event information, or register at [www.cvent.com/d/85qxys](http://www.cvent.com/d/85qxys). If you have questions, contact WCMEW Executive Director George Quinn, at [gquinn@wcmew.org](mailto:gquinn@wcmew.org).

## **Wisconsin Fast Forward Grant Writing Training Available**

High-quality care depends on a high-quality workforce. Wisconsin Fast Forward (WFF) grants can help WHA members build and sustain the workforce that has made Wisconsin #1 in health care quality (see [www.wha.org/wha-newsletter-8-25-2017.aspx#s1](http://www.wha.org/wha-newsletter-8-25-2017.aspx#s1)). The Wisconsin Department of Workforce Development is offering a free informational grant application training session, "Submitting a Successful Wisconsin Fast Forward (WFF) Grant," Wednesday, September 13, 2017 from 2 - 3:30 p.m. The training session can be attended in-person or via webex, and will increase applicants' understanding of the WFF grant application process, goals of the WFF grant program, process for funding and information on what makes a successful WFF grant application.

WHA supported the Wisconsin Fast Forward legislation as another significant investment in workforce development that helps employers recruit and retain employees through training and education. WHA encourages its members to identify regional training opportunities and to connect with workforce partners to develop WFF applications. Grants for health science and health care related occupations range from \$5,000 to \$400,000. The application period opened July 1, 2017 and extends through the end of the year. Past WHA member awardees include:

- \$38,041 to Agnesian HealthCare in Fond du Lac to develop and deliver training to ten incumbent workers and two new hires in nursing informatics.
- \$206,702 grant to train 254 workers at the St. Elizabeth Hospital – Fremont Tower to provide staff with the customized performance improvement skills that are required within a new, state-of-the-art facility.
- \$175,393 to Upland Hills Health to provide customer service and technology training to 468 workers at its rural hospital. The goal of the training was to increase the skills and knowledge of staff as the organization implements an electronic health record system and other patient-centric tools.

Register now to reserve your seat at <http://dwdlearningcenter.wi.gov>. If you have questions, contact [WisconsinFastForward@dwd.wisconsin.gov](mailto:WisconsinFastForward@dwd.wisconsin.gov) or call Andy Heidt, program and policy analyst, WI Fast Forward, at 608-266-0174.

## **Member News: Borowski Named President of Hudson Hospital & Clinic**

Thomas Borowski has been named the new president of Hudson Hospital & Clinic. Borowski will assume the hospital leadership position from Marian Furlong, who will retire October 6 after 18 years as president/CEO.

Borowski comes to Hudson Hospital & Clinic from the Mayo Clinic Health System. Since 2005, he has been a part of the Mayo Clinic Health System Southwest Minnesota Region. Since 2014, Borowski has served as CEO of the Waseca and New Prague Medical Centers and held several roles during his tenure at Mayo's Southwest Minnesota Region. Borowski's 20+ years of health care leadership experience includes physician collaboration, building high-performing teams, executing strategies, organizational development and community engagement.



*Thomas Borowski*

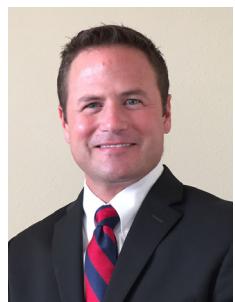
Borowski, who officially begins his role at Hudson Hospital & Clinic on October 6, said, "It's truly an honor and a privilege to have been selected as the new president of Hudson Hospital and Clinic, which has a reputation for providing exceptional medical care and a positive patient experience. I'm extremely impressed with the caliber of physicians, staff, board members and community partners that I had the opportunity to meet so far. I look forward to building new partnerships, forging new friendships and actively engaging in the community."

## **Member News: SSM Health Names Layman President, St. Mary's Hospital - Janesville**

Ben Layman has been named president of SSM Health St. Mary's Hospital-Janesville, where he will be responsible for managing and growing the organization's hospital programs and health services throughout south central Wisconsin.

Layman, who begins work for SSM Health September 18, brings more than 13 years of experience in health care, including the last 7-1/2 years in leadership roles.

Before joining SSM Health, Layman worked at Spectrum Health in Grand Rapids, MI, where he served as chief operating officer for a 40-bed acute care hospital and attached 65-bed rehabilitation unit. Before that, he served as Spectrum Health's system director of advanced business development, leading the strategic planning and implementation of growth opportunities for a 12-hospital integrated delivery system that includes a health plan and 180 ambulatory care sites.



*Ben Layman*

He received a Master of Business Administration from Sonoma State University in California and a Bachelor of Arts in Business Administration from Walla Walla University in Washington. Layman is a member of the American College of Healthcare Executives and the Medical Group Management Association.

Layman replaces Kerry Swanson, who left in April to become regional president of hospital operations for SSM Health in Southern Illinois.

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against the proposal to self insure, the JFC instead directed the ETF to achieve \$63.9 million in savings over the 2017-19 biennium from insurer negotiations, by buying down reserves and through plan design changes.

Although there will be no increase in premiums in the state program overall, the Department of Administration's Division of Personnel Management determines the employee contribution to the premium, and the state's contribution to the Health Savings Account. These amounts will be released in September. ETF noted local government employees and retirees will have a 3.3 percent premium increase.

Second, the GIB meeting included a discussion on the number of health plans participating in the program for 2018. As reported in *The Valued Voice* last week (see [www.wha.org/wha-newsletter-8-25-2017.aspx#s5](http://www.wha.org/wha-newsletter-8-25-2017.aspx#s5)), six health plans have decided to stop participating in the plan. ETF notes these plans will not be allowed to re-enter the program for three years. In the short term, these decisions are estimated to affect about 53,000 enrollees who will have to change plans.

According to a memo released by ETF (<http://etf.wi.gov/boards/agenda-items-2017/gib0830/item7a.pdf>) approximately one percent of the program enrollees will have to change their current doctor. They also found 15 facilities and 13 providers that previously had significant utilization—defined as claims of greater than \$100,000 annually—will no longer be in-network for any plan. The ETF memo did not elaborate on which facilities or providers will be affected. A separate memo did, however, elaborate on ETF's network adequacy policy, indicating health plans must ensure at least 90 percent access in the county for the inpatient hospitals, primary care physicians (which includes internal medicine, family medicine and general medicine) and chiropractors, or meet certain minimum requirements. The memo also provides the health plans that will be participating in the state employee health care program by county. The memo can be found at: <http://etf.wi.gov/boards/agenda-items-2017/gib0830/item7c.pdf>.