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NEW REPORT ANALYZES WISCONSIN PSYCHIATRY SHORTAGE

WHA-backed grant program creates more psychiatrists for Wisconsin

One of WHA's top priorities is ensuring an adequate supply of physicians now and in the future to care for Wisconsin communities. A public policy solution created by WHA and the Wisconsin Department of Health Services Graduate Medical Education (DHS GME) matching grant program, is making headway at addressing critical physician shortages, but as a recently released report by the Wisconsin Policy Forum notes, the progress must accelerate and continue.

The Forum's report assesses statewide coverage by Wisconsin's 759 psychiatrists. The report notes there is significant regional variation, with the worst shortages experienced by counties in the northern half of the state: "Twenty of Wisconsin's 72 counties have no practicing psychiatrists and 10 more counties have less than one full-time equivalent psychiatrist because they share one with multiple counties."

WHA Chief Medical Officer Chuck Shabino, MD, notes the value of the GME grants in addressing the issue.

"These grants are targeted at specialties with the worst shortages, like psychiatry, and preference is given to rural applicants where the shortages have a great impact," Shabino said. "Comparing shortage maps to WHA's GME map demonstrates growth is occurring in areas of greatest shortage."

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WHA PHYSICIAN LEADERS COUNCIL GUIDES MD REGULATORY BURDEN AGENDA

Physician leaders from small, large, urban and rural Wisconsin Hospital Association (WHA) members discussed several agenda items impacting WHA member physicians at the October meeting of the WHA Physician Leaders Council. Chaired by Steve Kulick, MD, Chief Experience Officer, Marshfield Clinic Health System, the Council discussed:

- WHA physician regulatory burden agenda
- Physician assistant scope of practice legislation
- New CMO track at 2019 WHA Physician Leadership Development Conference
- November election and impacts on health care

WHA Physician Regulatory Burden Agenda

The Council continued its work on developing a comprehensive physician regulatory burden agenda for 2019 and beyond focused on state and federal regulatory relief and organization and physician leader-targeted education that can help reduce physician time spent on non-clinical work.

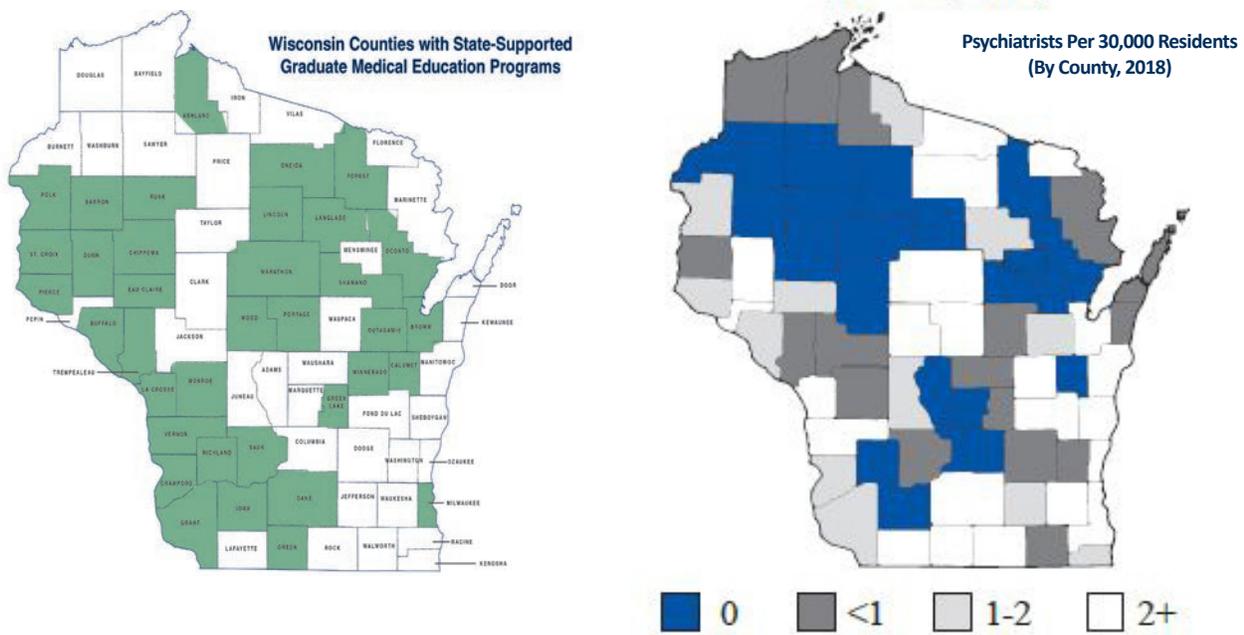
The Council provided input on a WHA staff-developed summary of eight areas of potential state public policy reforms and actions to reduce physician regulatory burden.

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EDUCATIONAL EVENTS

Nov. 30 - [Preparing the
Chargemaster for 2019](#)
Wisconsin Dells

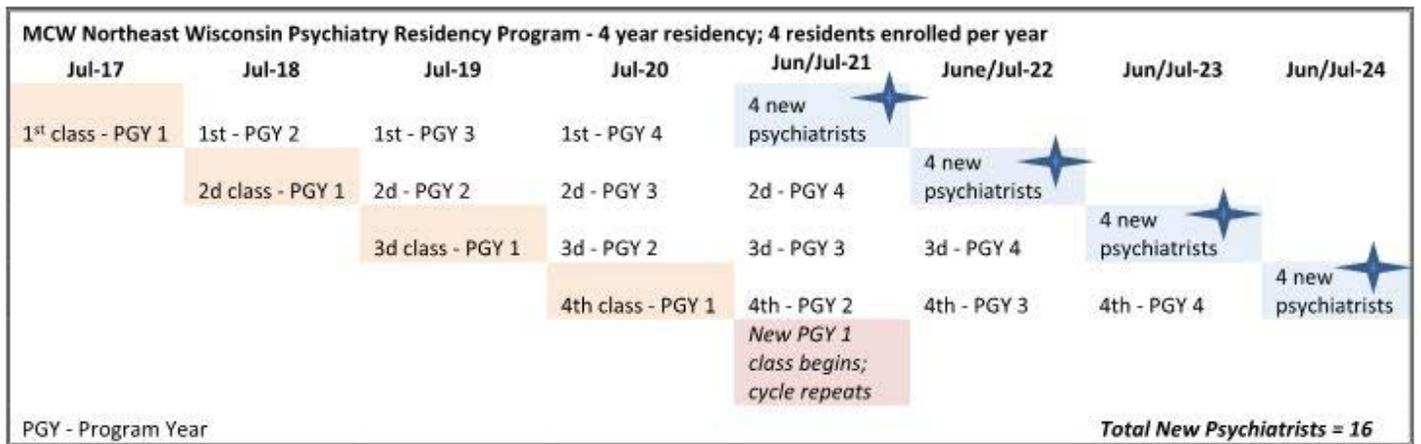
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New state-supported GME programs in northcentral and northeast Wisconsin and expansion of rural training tracks create Psychiatry residencies in counties with no psychiatrists, as well as counties sharing one psychiatrist for multiple counties.

With the support of DHS GME grants, new Medical College of Wisconsin psychiatry residency programs in northeastern and central Wisconsin opened in 2017, and UW Hospitals and Clinics psychiatry rural residency training tracks expanded to Ashland and other rural counties in 2014.

“Creating psychiatric residencies in rural and underserved areas not only increases the number of psychiatrists in the pipeline, it increases the likelihood those residents will stay and practice in rural Wisconsin,” notes Ann Zenk, WHA Vice President of Workforce and Clinical Practice. She added, “The new and expanded programs will result in 37 additional physicians enrolled in Wisconsin-based psychiatry residency and addiction fellowship programs by July 2020. We know that Wisconsin students who attend a Wisconsin medical school and complete a Wisconsin residency are 86% more likely to remain in Wisconsin to practice.”



The residency pipeline is full in July 2020 for the Medical College of Wisconsin (MCW) Northeast Wisconsin Psychiatry Residency Program. This pipeline will produce four new psychiatrists for Wisconsin every year thereafter. MCW Northeast Wisconsin is one of five psychiatry programs created or expanded with support from the WHA-created DHS GME matching grant program.

“It is rewarding to see the GME grant program, a public-private partnership crafted between Wisconsin hospitals and state policymakers, moving forward toward fulfillment of our mutual objectives of expanding the number of primary care physicians, psychiatrists, and other needed physicians in Wisconsin,” said WHA President/CEO Eric Borgerding.

The WHA-backed DHS GME program is gaining traction, but with 55 of 72 Wisconsin counties having a psychiatrist shortage and 113 of Wisconsin’s psychiatrists 65 or older, sustained and accelerated support is needed to fill and grow Wisconsin’s psychiatrist pipeline.

U.S. DEPUTY SURGEON GENERAL VISITS UW-MADISON SCHOOL OF NURSING

Small group discussions include WHA priorities

WHA was among the group of key health care stakeholders invited to the table for small group discussions with Deputy Surgeon General Rear Admiral (RADM) Sylvia Trent-Adams during her visit to the UW Madison School of Nursing as part of the Littlefield Leadership Lecture Series. WHA priorities, like reduction of regulatory burden, dental health, workforce shortages, and team-based care were included in the discussions.

Trent-Adams advises and supports the Surgeon General in communicating the best available scientific information to advance the health of the nation. This was the focus of the small group discussion *Conversation on Research Shaping the Future of Public Health*.

In response to a question about the role of health care providers in translating science for health care consumers, RADM Trent-Adams noted, “People do listen to health care providers, but providers are so bogged down by the need to cover every single guideline in every visit that the messages about immunizations, tobacco, or HIV get diluted.” The Deputy Surgeon General added, “We need to repackage it to what the community or patient needs.”

During the research small group discussion, Trent-Adams also touched on improving community health by improving access to dental care using the New Zealand Project on Oral Health as an example. “This project got to the root cause of the issue and developed a new model of care,” she said, noting, “If you can’t get dentists to the schools, use who you can.” In keeping with this model, in 2017, Wisconsin expanded the settings where dental hygienists could provide preventive care without a dentist’s physical presence.

Models of care and workforce were themes in the Conversation on Public Health Policy small group discussion. “We need to build a sustainable model of care that improves outcomes, is affordable, and takes into account the patient’s environment,” Trent-Adams said. “We don’t need highly trained, highly skilled people for all of this; we need to explore how reimbursement affects access and look at models that supplement, not replace, physician care.”



Deputy Surgeon General Rear Admiral (RADM) Sylvia Trent-Adams during her visit to the UW Madison School of Nursing

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Each of the potential reforms was identified based on input sought and received throughout 2018 at previous Council meetings, WHA Board meetings, the WHA CMO survey, and other member contacts.

The Council also discussed WHA federal advocacy focused on regulatory relief, particularly the Centers for Medicare & Medicaid Services (CMS) 2019 physician fee schedule proposed rule. That rule included several proposed coding changes and consolidation CMS indicated are intended to reduce physician documentation burden. (See previous [WHA newsletter article](#) and the [WHA comment letter](#).)

The CMS proposal illustrated potential challenges and tradeoffs involved in reducing some types of documentation burdens related to billing and reimbursement. To help guide WHA’s physician regulatory burden agenda, the Council also provided guidance to help WHA find the right policy balance between the desire of providers to be scored utilizing precise measures versus the documentation burdens related to support higher levels of precision.

Physician Assistant Scope of Practice Legislation

WHA was recently approached by the Wisconsin Academy of Physician Assistants (WAPA) regarding legislation that WAPA would like to introduce in 2019 that would, among other things, change the existing supervision relationship between a physician assistant and a physician.

At the June Council meeting, the Council identified regulatory changes addressed in the bill that could appropriately reduce physician oversight burden of Physician Assistants, but also identified concerns that parts of the draft bill would create a misalignment with federal payment policy, thus putting organizations at risk. *(continued on page 4)*

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As a follow up to the June discussion, the Council reviewed potential alternative bill language developed by WHA staff to address the Council's June recommendations. Following that input, WHA will work with WAPA with the goal of addressing those recommendations in any future legislation.

New CMO Track at 2019 WHA Physician Leadership Development Conference

WHA staff shared the agenda for the 2019 WHA Physician Leadership Development Conference at the American Club in Kohler March 15-16, 2019. In addition to the traditional education track for developing physician leaders, the 2019 conference will feature a second Saturday morning educational track specifically for CMOs and senior-level physician leaders that will include both a speaker and a guided round table discussion focusing on navigating challenges facing senior physician leaders. Registration for the conference will open in November.

November Election and Impacts on Health Care

WHA staff provided the Council with an analysis of the November election and potential impacts on WHA's 2019 public policy agenda.

If you have questions about the WHA Physician Leaders Council, contact [Chuck Shabino, MD](#), WHA CMO, or [Matthew Stanford](#), WHA General Counsel.