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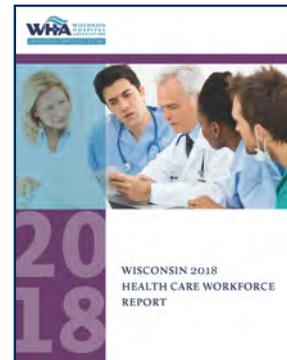
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**WISCONSIN HOSPITALS FACE PERFECT WORKFORCE STORM**

**Aging population, labor shortages, record unemployment and regulatory burdens**

*WHA 2018 Health Care Workforce Report provides recommendations to maintain access to high-quality health care*

The Wisconsin Hospital Association released its [Wisconsin 2018 Health Care Workforce Report](#) December 13. This 15th annual report provides analysis and recommendations to ensure Wisconsin has the health care labor force it needs to maintain access to high-quality, health-value health care in Wisconsin communities.



Key findings in this year’s report:

- Vacancy rates remain high for professions at the entry-level and advanced practice level of health care career paths;
- Wisconsin’s physician supply is not growing fast enough to keep up with physician retirements and the demands of an aging population;
- Employment of advanced practice providers by Wisconsin hospitals has almost tripled in less than a decade; and,
- The state’s health care workforce is older in rural settings across all roles and professions.

An aging population and an aging workforce are key drivers of the issues identified in WHA’s 2018 report. *(continued on page 4)*

**EDUCATIONAL EVENTS**

**Starting January 2019**  
 Health Care Workforce Resilience  
 Free Member Webinar Series

**March 15, 2019**  
 Physician Leadership  
 Development Conference  
 Kohler, WI

**April 17, 2019**  
 Advocacy Day  
 Madison, WI

**WALKER SIGNS LAME DUCK LEGISLATION WITHOUT VETOES**

Despite the objection of over 30 different health care provider and payer organizations, Governor Scott Walker signed legislation in Green Bay December 14 that requires additional steps for the approval of Medicaid state plans, provider rate changes, and making supplemental payments, including review by the state Legislature’s budget-writing Joint Finance Committee. The additional review requirement does not apply to a change or supplemental payment with a fiscal impact of less than \$7.5 million or for an action explicitly authorized in enacted legislation.

The Act also limits the ability for the state Department of Health Services (DHS) to pursue a waiver of federal law unless the Legislature specifically directs an action to request, change or end a waiver of federal law. In addition, the new law requires DHS take certain action when DHS is required through enacted legislation to seek federal approval for a waiver, pilot program or demonstration project. *(continued on page 2)*

## Walker Signs Lame Duck Legislation Without Vetoes . . . Continued from page 1

The legislation, signed into law as 2017 Wisconsin Act 370, also codifies into state law additional Medicaid eligibility requirements, including premiums and work requirements. WHA had been lobbying lawmakers to develop alternative ramifications to disenrollment for failure to pay Medicaid premiums and create a mechanism whereby the state, not hospitals, collects cost-sharing from Medicaid enrollees. While these provisions were not addressed in Act 370, WHA will continue to work in the next legislative session to address these outstanding concerns.

Contact WHA Senior Vice President of Government Relations [Kyle O'Brien](#) or Director of Federal and State Relations [Jon Hoelter](#) for more information.

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## TWO WHA RECOMMENDATIONS INCLUDED IN FEDERAL RED TAPE RELIEF LEGISLATION

### Would ease restrictions under CAH 96-hour rule; direct supervision

Two [recommendations](#) the Wisconsin Hospital Association presented to the U.S. House Ways and Means Committee in 2017 were included in a [package introduced last week](#) as part of the committee's Medicare Red Tape Relief Project.

The Critical Access Hospital Relief Act, introduced by Rep. Adrian Smith (R-NE), would repeal the 96-hour physician-certification requirement for inpatient critical access hospital services under Medicare. Hospitals have traditionally understood the 96-hour rule to mean critical access hospitals (CAHs) must have an average length of stay of 96 hours across all inpatient Medicare stays, consistent with federal conditions of participation in the Medicare program. However, sub-regulatory guidance issued from the Centers for Medicare and Medicaid Services (CMS) in 2014 said that as a condition of payment, CAHs must certify that a patient must reasonably be expected to be discharged within 96 hours of admission in order for a Medicare payment to be appropriate.

The Rural Hospital Regulatory Relief Act of 2017, introduced by Rep. Lynn Jenkins (R-KS), would repeal the physician direct supervision requirement for certain outpatient therapeutic services. This issue came to a head in 2009 when CMS introduced a new direct supervision policy that required a physician to be "immediately available" to initiate certain outpatient therapeutic services in order to receive Medicare reimbursement. Previously, only general physician supervision was required in these circumstances and Congress and CMS have previously put moratoriums on enforcement of this policy since there is no clinical rationale for it. This legislation would permanently repeal the requirement for CAHs and other small rural hospitals.

With the current congressional session soon coming to an end and a new session beginning in 2019, it is unclear where these proposals will go in the near future, but WHA will continue advocating for these and other efforts to improve rural health care delivery. For additional information, contact WHA's director of Federal and State Relations, [Jon Hoelter](#).

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## GUEST COLUMN: WISCONSIN PHYSICIANS SAY SOCIAL IMPEDIMENTS TO HEALTH PERVASIVE

By Kurt Mosley



Kurt Mosley

Eighty-eight percent (88%) of physicians nationally indicate that some, many or all of their patients are affected by a social condition such as poverty, unemployment, lack of education, or drug addiction that poses a serious impediment to their health, according to a new survey. Among Wisconsin physicians completing the survey, the number is higher at 92%.

These are among key findings of a major new survey of 8,772 physicians commissioned by [The Physicians Foundation](#), a nonprofit organization that seeks to advance the work of practicing physicians and help facilitate the delivery of health care to patients. The survey was conducted for The Physicians Foundation by Merritt Hawkins, the nation's leading physician search and consulting firm.

Titled 2018 Survey of America's Physicians: Practice Patterns and Perspectives, the research underscores the prevalence of social conditions undermining the health and well-being of many Americans.

The survey's findings align with [recent reports](#) tying social determinants of health to declining life expectancy rates in the U.S. and to [research](#) showing the connection between poverty and relatively high rates of health care spending in the U.S. compared to other developed nations.

*(continued on page 3)*

## GUEST COLUMN: Wisconsin Physicians Say Social Impediments to Health Pervasive . . . Continued from page 2

### Cracks in the physician/hospital relationship

The wide-ranging survey also asked physicians about their morale, practice metrics, practice plans and how they feel about the physician/hospital relationship. Over 57% of physicians nationally said they do not believe that the employment of physicians by hospitals is likely to enhance quality of care or decrease costs. For Wisconsin physicians, the number was considerably lower at 47%.

Over 46% of physicians nationally described the physician/hospital relationship as somewhat or mostly negative, compared to only 32% who described the relationship as somewhat or mostly positive. For Wisconsin physicians, the number was higher with 51% describing the relationship as somewhat or mostly negative. These findings underscore the fact that physician/hospital alignment cannot always be achieved merely by employing physicians. More communication and cooperation may be necessary before this key relationship can be considered truly symbiotic (for more information on this topic see the Merritt Hawkins' white paper *Ten Keys to Enhancing Physician/Hospital Relations and Reducing Physician Burnout and Turnover*).

### At capacity or overextended

When asked to describe their practices, over 79% of physicians nationally said they are either at capacity or are overextended and therefore unable to see more patients or take on more duties. For Wisconsin physicians, the number was 75%. Close to 62% of physicians nationally described their professional morale as somewhat or mostly negative. For Wisconsin physicians, the number was 63%, a cause for concern for Wisconsin hospitals employing doctors.

The survey includes many other data points derived from dozens of questions that reveal the average number of hours physicians work, the average number of patients they see, what changes they plan to make in their practices and a variety of other topics. Results of the survey broken out by all physicians and by Wisconsin physicians are available to MHA members by contacting [Brandon Hayes](#), Merritt Hawkins' Senior Marketing Consultant.

*Kurt Mosley is Vice President of Strategic Alliances for Merritt Hawkins, the nation's leading physician search firm and a Gold Level Corporate Member of the Wisconsin Hospital Association.*

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## JOIN THE WISCONSIN ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES (WADVS)

Volunteers are vital to providing that extra bit of customer service in our Wisconsin hospitals, wayfinding during appointments, assistance in the gift shop or coffee shop, and so many other activities that are important to patients and their families. In many hospitals, behind the scenes is a director of volunteer service who works with those many volunteers each day to ensure they are meeting the hospital's needs in the most efficient and effective way.

The Wisconsin Association of Directors of Volunteer Services (WADVS) is the statewide professional organization for those who are responsible for volunteer management in a health care setting. WADVS provides its members with a variety of benefits, including access to resources for new ideas, programs and solutions, including their popular "Ask the Director" online forum.

WADVS hosts an annual education conference that encourages volunteer directors to think differently about their roles in the overall delivery of care and identify best practices from fellow colleagues and leaders in the field. They also offer the opportunity for members to earn continuing professional education hours to reach or maintain the professional credential of Certified Administrator of Volunteer Services (CAVS). The 2019 conference is scheduled for June 13-14 in Oshkosh.

WADVS is currently accepting membership applications for 2019. Pass this information about WADVS on to your leader of volunteer management and encourage him/her to consider membership by visiting [www.WADVS.org](http://www.WADVS.org) or contacting one of their co-presidents, [Jennifer Loew](#) or [Dawn Meier](#).

The banner features the Wisconsin Hospital Association (WHA) logo on the left, which includes the text "WHA WISCONSIN HOSPITAL ASSOCIATION" and the tagline "ADVOCATE. ADVANCE. LEAD." Below the logo is the Wisconsin Medical Society logo and name. To the right of the logo, the text reads "Health Care Workforce Resilience" in a large, bold font, followed by "A Monthly Webinar Series" in a smaller font. A yellow banner at the bottom right contains the text "Register Today" in red.

## Wisconsin Hospitals Face Perfect Workforce Storm . . . Continued from page 1

“Unlike most industries, demand for health care is largely a function of demographics rather than economic cycles,” explains WHA President/CEO Eric Borgerding. “Wisconsin’s over 65 population is expected to double by 2030. This means increasing demands on and for the health care workforce during a period of record unemployment and a diminishing labor force.”

The report recommends that Wisconsin:

- Attract entry-level workers to climb health care career pathways to fill in-demand positions such as registered nurses, surgical technicians, and nurse anesthetists;
- Implement strategies to more quickly grow our supply of physicians;
- Reform state law to allow advanced practice providers (APPs) to fully use their education, training and experience; and
- Leverage the use of technology to maintain access to health care in communities across Wisconsin.

“With record low unemployment and increased vacancy rates, we simply do not have the labor force we need to meet increasing health care demands. An aging population needs more physicians to manage chronic health care conditions, especially in primary care,” said Ann Zenk, WHA Vice President of Workforce and Clinical Practice. “Policymakers, health care leaders, health care educators and other key stakeholders can tackle this worrisome equation together by acting with urgency now to implement solutions that protect access to high-quality health care in the future.”

For [more information](#) about WHA’s Wisconsin 2018 Health Care Workforce Report, contact [Ann Zenk](#).