

June 15, 2018

Volume 62, Issue 24

WHA Physician Leaders Council Guides MD Regulatory Burden Agenda

Physician regulatory and electronic health record (EHR) burden were themes heard at the recent WHA Physician Leaders Council meeting. One of WHA's 2018 goals is to develop an agenda that reduces burden impacting physician and professional practice, and identifies strategies to reduce physician time spent on non-clinical work.

Special guest presentation on physician burnout and EHRs

WHA invited Wisconsin Medical Society CEO Bud Chumbley, MD, to discuss the Society's updated findings on physician burnout. Dr. Chumbley focused much of his attention on EHR's role in contributing to physician burnout, and a key takeaway of Chumbley's presentation is a need for EHR vendors to begin designing their products to be more focused on promoting physician well-being.

WHA chief medical officer survey

The Council provided input on a draft WHA chief medical officer (CMO) survey that will be sent out to WHA member CMOs this summer. As one of WHA's 2018 Board-approved goals, the survey will help further guide and refine WHA's integrated physician advocacy, education efforts and physician leader support.

One important goal of the survey is identifying specific regulatory burden challenges facing physicians. The survey will also address physician leaders' evolving scopes of responsibility, changing medical leadership structures within our organizations, and emerging needs and challenges facing physician leaders.

Physician assistant scope of practice proposed legislation

WHA was recently approached by the Wisconsin Academy of Physician Assistants (WAPA) regarding legislation they would like to introduce in 2019 to change the existing supervision relationship between a physician assistant and a physician, among other things. The Council discussed key items in the proposal that could affect health systems and

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PROVIDERS: Must Inform Parents of Right to Refuse Registering in Wisconsin Birth Defects Registry

Opt-out option begins July 1, 2018



The Wisconsin Birth Defects Registry (WBDR) was created under state law to collect demographic, diagnostic, and identifying information for children born with specific birth defects. Physicians and pediatric specialty clinics are mandated to

report this information from birth to two years of age to the Department of Health Services' (DHS) Wisconsin Birth Defects Prevention and Surveillance Program.

Parents then receive a letter from DHS, a fact sheet about the WBDR, and regional centers for Children and Youth with Special Health Care Needs (CYSHCN) brochures in English and Spanish. There are five regional centers in Wisconsin that provide information and referrals to help connect families of children with special needs to needed supports and services.

What changes July 1: When the WBDR was created, it was necessary to get parent or guardian consent to submit identifying information (names, addresses) to the registry. The law was changed in late 2017 so identifying information is now automatically required with every submitted report—unless the parent or guardian child states in writing they refuse to release the child's name and address. DHS will implement this change starting July 1, 2018. *(continued on page 4)*



Valued Voice Moves to Your Tuesday Inbox

To ensure you get the important articles and issues you need earlier in the week, we will begin issuing our *Valued Voice* newsletter on **Tuesdays**. This is the last Friday afternoon delivery, and we look forward to sharing our next issue with you on Tuesday, June 26. Watch for it from our **WHA Communications** mailbox!

COMING SOON: WHA-Crafted Rural Wisconsin Initiative Grants

Grant applications for Allied Health Professionals Education and Training released in early July

The Wisconsin Department of Health Services (DHS) will release grant applications the week of July 9 to expand training opportunities to fill specific “high-need, high-demand” positions in rural areas.

The new Allied Health Professionals Education and Training Grants initiated and advocated for by WHA—included as a component of the Rural Wisconsin Initiative and included in the state’s 2017-2019 budget—is designed to help fill behavioral health specialists, certified nursing assistants, physical therapists, respiratory therapists, and surgical technologists and other high-demand positions identified in [WHA’s Health Care Workforce 2017 Report](#).

- Rural Wisconsin hospitals and clinics who form partnerships or consortia with education providers and health care systems will be eligible to apply for grants.
- Funding can be used to develop and implement new education and training programs, or expand existing programs. This includes curriculum and faculty development, tuition, clinical site development and simulation expenses.
- Priority will be given to partnerships serving communities with populations of less than 20,000.

Watch the [DHS website](#) for the request for applications announcement tentatively scheduled for the week of July 9, 2018. The anticipated effective date of the grant is October 1, 2018.

Fox Valley Hospitals Participate in “Dark Sky” Emergency Preparedness Exercise ***Mass power outage simulation helps hospitals and partners develop unified response to emergencies***

Following two years of planning, hospitals and hundreds of Fox Valley Healthcare Emergency Readiness Coalition members participated in an emergency preparedness exercise that simulated a mass power outage covering more than a third of the state. Known as “Dark Sky,” the exercise was run May 15-17 in several areas of the state.

In the Fox Valley, the exercise began with a decoy bus accident where first responders were called to the scene. As hospitals received multiple simulated bus-accident patients to triage and transfer, exercise participants were introduced to a new variable: a

mass power outage that extended the duration of the exercise.



Hospitals had to determine how long they could operate with back-up generator power, and on the second day of the exercise, participated in a tabletop exercise to identify gaps in their utility plans. The exercise’s final day included a full-scale hospital evacuation, with Aurora Medical Center in Oshkosh evacuating patient actors to many of the other hospitals in the region.



“Training, networking, and exercising is the key to success in any disaster,” said Tracey Froiland, coordinator of the Fox Valley Healthcare Emergency Readiness Coalition. “‘Dark Sky’ was an event that maximized our resources and allowed us, in real time, to work with all of our health care partners to help our communities be better prepared.”

The Fox Valley Healthcare Emergency Readiness Coalition is a group of health care organizations and emergency preparedness and response partners (e.g., hospitals, EMS, trauma, and public health) in the Fox Valley that collaborate to execute a uniform and unified response to mass casualty incidents and other emergencies. The Coalition receives funding and support from the Wisconsin Healthcare Emergency Preparedness Program (WHEPP), which is administered by the Wisconsin Department of Health Services in partnership with WHA and other stakeholders to support emergency preparedness planning and response.

For more information:

- Visit WHA’s [Emergency Preparedness webpage](#) for helpful resources.
- Contact [Andrew Brenton](#), WHA assistant general counsel, at 608-274-1820 for questions about emergency preparedness.

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physicians. While the Council identified regulatory changes addressed (and not addressed) in the proposal that could appropriately reduce physician oversight burden of physician assistants, the Council also identified concerns that portions of the draft bill would create a misalignment with federal payment policy, thus putting organizations at risk.

Physician health program

WHA staff provided an update on emerging conversations regarding re-establishing a statutory physician health program. The Council reaffirmed its recommendations based upon a similar 2015 proposal. Staff told the Council the discussions are in an early stage and WHA will continue to engage the Council as discussions progress.

Update on Supreme Court decision on constitutionality of noneconomic damage cap

WHA staff provided an update on the upcoming Supreme Court decision in *Ascaris Mayo v. IPFCF* regarding the constitutionality of Wisconsin's non-economic damage cap in medical liability cases. The Council discussed the importance of the cap on Wisconsin's ability to recruit and retain physicians to Wisconsin communities and its impact on physician workforce and access to care.

Member News: Marshfield Clinic Health System and Beaver Dam Community Hospitals, Inc. to Affiliate

Marshfield Clinic Health System (MCHS) and Beaver Dam Community Hospitals, Inc. (BDCH) announced they have signed a letter of intent to affiliate by the end of 2018. Beaver Dam Community Hospital will become part of Marshfield Clinic Health System as the two organizations take steps to bring more accessible quality health care services to the Dodge County region.

"This is an opportunity for two well-respected organizations to come together and create a regional destination for high-quality health care services in Dodge County," said Dr. Susan Turney, MCHS CEO. "Marshfield Clinic Health System has a long history of providing world-class, local care to rural communities, and we are excited to build on that legacy in Beaver Dam."

"Access to high-quality health care close to where our patients live and work is a top priority," says BDCH President and CEO Kim Miller, FACHE. "This affiliation will enable us to build on our strengths, especially

during these changing times in health care, and increase access for our rural communities to enhanced state-of-the-art and high-quality services. We believe this will be transformational for our region."

Turney added that MCHS looks forward to working with an organization that so clearly shares the same values in terms of putting patients first, striving for excellence and focusing on rural communities.



Fast Facts from the WHA Information Center

June is Hernia Awareness Month

Each year, approximately 750,000 Americans seek treatment for a hernia, yet experts believe hundreds of thousands suffer in silence, primarily because they fear surgery. According to the WHA Information Center, 18,338 hernia surgeries were performed in Wisconsin hospitals and free-standing ambulatory surgery centers in 2017.

Wisconsin has seen a 2% increase in the number of hernia surgeries since 2015.

During Hernia Awareness Month, the Hernia Resource Center focuses on providing the public with information about the latest available treatments. Surgery is the only way to restore the anatomy, and is often necessary for hernias in women and those that cause symptoms in men.

Data provided by the [WHA Information Center \(WHAIC\)](#). WHAIC is dedicated to collecting, analyzing and disseminating complete, accurate and timely data and reports about charges, utilization, quality and efficiency provided by Wisconsin hospitals, ambulatory surgery centers and other health care providers.

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What you should do:

- You must notify parents and guardians of their right to refuse releasing their child's name and address to the registry.
- Retain this refusal documentation when you submit your report to the WBDR. This documentation must be retained for a minimum of three years in accordance with hospital/clinic policy.
- A sample refusal form (Wisconsin Birth Defects Registry – Request to Remove Identifiers) is available from DHS in both [English](#) and [Spanish](#).

Contact DHS' Wisconsin Birth Defects Registry help line at 608-267-2911 or by email at dhswbdr@dhs.wisconsin.gov if you have questions. DHS also has a variety of information, including fact sheets and registry information for providers, on its [Birth Defect Prevention and Surveillance webpage](#).

Learn more about Wisconsin's [Children and Youth with Special Health Care Needs](#) regional centers.