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EDUCATIONAL EVENTS

Throughout 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

BIPARTISAN GROUP OF LAWMAKERS RELEASE WHA-BACKED LEGISLATION TO EXTEND PHYSICIAN LICENSURE COMPACT

Wisconsin Would Maintain Participation in Interstate Medical Licensure Compact Under Proposed Bill

A group of Wisconsin lawmakers released a WHA-backed piece of legislation today that would ensure Wisconsin maintains its participation in the Interstate Medical Licensure Compact. The Compact was first enacted in 2015, signed into law as Act 116 by Governor Scott Walker at Mayo Clinic Health System-Franciscan Healthcare in Sparta and Burnett Medical Center in Grantsburg, and has provided an expedited licensure process for physicians practicing in Wisconsin and 24 other states.



Gov. Scott Walker signing the Interstate Medical Licensure Compact into law in Grantsburg, Dec. 14, 2015



Gov. Walker with area hospital leaders and legislators at the Interstate Medical Licensure Compact bill signing in Sparta, December 14, 2015

As part of 2015 Wisconsin Act 116, lawmakers required a mandatory “sunset” of the law to ensure the Legislature would proactively review the Compact’s efficacy

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START 2019 OFF STRONG—CONTRIBUTE TODAY TO WI HOSPITALS STATE PAC & CONDUIT

Contribute \$250 or more and attend campaign’s kick-off breakfast April 17

The Wisconsin Hospitals State PAC & Conduit fundraising campaign broke all records in 2018 by raising over \$330,000. Thank you to the over 300 individual contributors for your support.

Starting the year off strong will be important in order to reach the aggressive 2019 fundraising goal of \$320,000. You can help the campaign today by making your 2019 contribution to the Wisconsin Hospitals State PAC, the Wisconsin Hospitals Conduit or to both. Visit www.whconduit.com to contribute. By contributing \$250 or more by April 17, you will receive an invite to a special kick-off breakfast event to be held that morning in Madison.



Make your 2018 contribution securely online at www.whconduit.com or call Kari Hofer at 608-268-1816 or Nora Statsick at 608-239-4535.

WHA ATTENDS RURAL FLY-IN IN WASHINGTON, D.C.

Focus on protecting 340B, Growing Workforce; Eliminating Barriers to Telemedicine



L to R: Jeremy Levin, RWHC; Tim Size, RWHC; Jon Hoelter, WHA; Brian Stephens, Door County Medical Center; Mike Sanders, Monroe Clinic; Congressman Bryan Steil; Dan Degroot, Stoughton Hospital; Heather Erickson, Amery Hospital & Clinic; Jennifer Kowalkowski, UW-Madison; Kim Breidenbach, MD, Gundersen Tri-County Hospital and Clinics, Whitehall; Josie Rudolphi, Marshfield Clinic National Farm Medicine Center; Mike Milligan, Legato Healthcare Marketing.

On February 6, The Wisconsin Hospital Association joined the Rural Wisconsin Health Cooperative with a group of more than ten rural hospital leaders to urge Wisconsin's Congressional leaders on Capitol Hill to support Wisconsin's rural health care priorities.

Many of the hospital leaders spoke about how important it is for Congress to protect the [340B program](#) for small, rural hospitals. Brian Stephens, CEO of Door County Medical Center, discussed how his hospital has used savings from the 340B program to extend access to dental services for uninsured and Medicaid patients in their community. This has been extremely important, as few area dentists accept Medicaid patients. Heather Erickson of Amery hospital noted how they use savings from the 340B program to offset losses they take running an inpatient psychiatric program in their hospital. It can be very challenging for rural communities to have access to the full suite of behavioral health services, and the 340B program helps them sustain these vital services in Amery.

Hospital leaders also spoke about the challenges in recruiting new physicians and other health care professionals in their communities,

especially with Congress putting an artificial cap on Medicare's Graduate Medical Education in the late 1990s. To offset this, WHA and other hospital and health system leaders worked with state lawmakers to develop a state-funded grant program to increase residency slots for physicians, as well as training slots for advanced practice clinicians and allied health professionals.

Mike Sanders, CEO of SSM Health Monroe Clinic Hospital, noted how this state program has helped his hospital train and hire four new physicians, all of whom have remained at their rural hospital. WHA data shows that 86% of students who are from Wisconsin and go to medical school and a residency in Wisconsin, will stay and practice in Wisconsin, making this a vital tool in attracting physicians to rural areas. Yet despite the success of this state program, hospitals still bear a high cost to run residency programs. The group asked Congressional leaders for their support in filling the gap in Wisconsin's projected health care workforce shortage, particularly due to the high number of Medicare patients who rely on this workforce, and the fact that Medicare typically only pays Wisconsin hospitals 75% of what it costs them to provide Medicare services.



Wisconsin's Rural Health Care Leaders Meet with Congressman Mike Gallagher

The rural health care leaders also spoke about the challenges hospitals face when trying to innovate, due to antiquated federal regulations. In particular, Medicare's telehealth restrictions have not been keeping up with the telehealth services hospitals can offer. Currently, Medicare will only reimburse for telehealth services if patients drive to a federally designated rural health care facility and receive services via two-way, real-time audio and visual communication. While Congress has extended some relief from these restrictions for certain services, such as telestroke and opioid treatment, the group advocated for removing these restrictions entirely to allow telehealth to reach its full potential.



WANTED: Your Voice.

Stay Informed on the issues and join thousands of others in standing up for affordable, accessible, high-quality health care in Wisconsin.

Grassroots Spotlight

GRASSROOTS SPOTLIGHT: HEAT MEMBERS, HOSPITAL LEADERS MEET WITH LEGISLATORS AHEAD OF STATE BUDGET PROCESS



WHA's Hospitals Education Advocacy Team (HEAT) held two roundtable events February 11 with local legislators in Bloomer and Mauston. Both meetings centered discussions on the upcoming State Budget, particularly focusing on Medicaid reimbursement, especially in outpatient hospital and behavioral health settings, Wisconsin's Graduate Medical Education programs, and telemedicine.

In Bloomer, hospital advocates from HSHS Western Division, Marshfield Clinic, and Mayo Clinic met with Representative Rob Summerfield at Mayo Clinic Health System - Chippewa Valley in Bloomer. Summerfield represents the 67th Assembly district, covering portions of Chippewa and Dunn counties. He also serves as Chair of the Committee on Medicaid Reform and Oversight, a newly formed committee.



L to R: Brad Groseth, Marshfield Clinic Health System; Toni Simonson, HSHS Sacred Heart Hospital, Eau Claire; Rep. Rob Summerfield; Michele Eberle, Mayo Clinic Health System, Eau Claire; Dr. Rick Helmers, Mayo Clinic Health System, Eau Claire



L t R: Larry Willer, Chair, Mile Bluff Medical Center Board of Directors; Jim O'Keefe, CEO, Mile Bluff Medical Center; Rep. Tony Kurtz; Jean Surguy, Chief Nursing Officer, Mile Bluff Medical Center; Raymond Weiss, VP, Long Term Care Mile Bluff Medical Center; Dr. Tim Bjelland, Chief Medical Officer, Mile Bluff Medical Center

Similarly, hospital advocates in Mauston met with Representative Tony Kurtz at Mile Bluff Medical Center. Kurtz is a newly elected freshman representing the 50th Assembly District. He is the Vice Chair of the Assembly Committee on Health.

HEAT roundtables are held around the state connecting hospital advocates with legislators in their local district. They provide the opportunity to candidly discuss the important issues impacting Wisconsin hospitals and the communities they serve. To participate in a HEAT roundtable in your area or host a meeting with legislators at your hospital, contact [Kari Hofer](#), WHA Vice President of Advocacy.

DON'T MISS THE YEAR'S BIGGEST OPPORTUNITY TO ENGAGE IN ADVOCACY Join us for Advocacy Day 2019 in Madison!

If you're new to advocacy, Advocacy Day is the perfect opportunity to get involved. If you've attended in the past or you attend every year, then you know how energizing it is to be a part of this special event.

Join over 1,000 hospital advocates from across the state for a day of learning and lobbying at the Capitol. The morning features special guest speakers, including Governor Tommy G. Thompson and a state legislative panel (to be announced), followed by an awards luncheon with remarks from Governor Tony Evers (invited), all taking place at the Monona Terrace in Madison.

The day ends with advocacy in action, as over 600 people head to the Capitol to meet with their legislators to discuss the important issues impacting your hospitals and your communities. WHA staff arrange the meeting for you, and meetings are set up in groups, so, in most cases, you are not alone in meeting with your legislator.

This event is free to attend, but [pre-registration is required](#). If you have any questions, contact [Kari Hofer](#).



GUEST COLUMN: QUALITY HEALTH CARE IN WISCONSIN CAN BOOST STATE'S ABILITY TO ATTRACT BUSINESS, WORKERS

By Eric Borgerding, President/CEO, WHA and Tom Still, President, Wisconsin Technology Council

If you were asked to name Wisconsin's largest economic sectors, how would you answer? You might respond manufacturing, agriculture, tourism and even technology ... and you would be correct about all four.

What might not make your short list—even if the facts strongly suggest it should—is health care. From its largest health systems to its smallest hospitals and clinics, from its myriad suppliers to its many contractors and research partners, and from its skilled nursing facilities to its trusted rural physicians, health care is one of Wisconsin's biggest industries.

Given the state's shared borders with four neighbors and Wisconsin's national reputation for health care quality, health care is also something of an "export" industry, attracting people from elsewhere and serving as a reinforcing factor in some relocation decisions.

And yet, the story of health care's contribution to the economic fabric of Wisconsin isn't always well documented. Or, it is clouded by understandable concerns about cost and access—not unlike similar debates in other states.

Balancing that narrative while working toward more innovation and transparency in health care is a major reason why the Wisconsin Hospital Association and the Wisconsin Technology Council have joined with others to create the Wisconsin Healthcare Business Forum (WHBF).

The WHBF will serve two seemingly different but ultimately related purposes. First, the WHBF will convene around and promote Wisconsin's consistently high-quality care, with a focus on how employers and providers can partner to leverage good health care for mutual benefit.

Federal rankings help to tell the quality story: Wisconsin has ranked among the nation's top four states in health-care quality in 10 of the past 11 years in which the Agency for Healthcare Research and Quality conducted a 200-category survey. It was No. 1 in three of those years and No. 2 in four others.

We know that high-quality care, including preventing costlier care, translates into positive direct and indirect effects on the workforce. It helps to keep workers healthy, on the job and productive. Bending the health-care cost curve is a challenge for health-care consumers, employers and providers, but there is plenty of proof that working together can have an effect.

The second key role of the WHBF is to facilitate interaction among the emerging Wisconsin health-care tech sector and Wisconsin's health systems and providers. In other words, bringing the creators of health care technology together with the users of that technology ... and connecting the so-called "disruptors" with the "disrupted."

Creating the technological means by which health care is delivered is a broad and growing sector in Wisconsin, yet it is often overshadowed by more long-standing and traditional components of our economy. In its broadest sense, health care is not only a growing sector, but it is among the most forward-looking segments of the Wisconsin economy.

Wisconsin's population is living longer, which creates consistent and growing demand for health-care services. Growing demand coupled with innovative health-care providers and the imperative to deliver care more efficiently and effectively is what is compelling health-care innovation and investment in Wisconsin.

Year in and year out, the majority of angel and venture capital invested in young Wisconsin companies is in health care. Wisconsin has what it takes to keep attracting this type of investment in health care – innovative local and regional health care systems, leading academic medical centers, strong research universities and a talent pool looking for reasons to stay in Wisconsin.

Health-care delivery is already among Wisconsin's largest employers. There are 15,000 physicians and 90,000 registered and licensed practical nurses working statewide, to cite just two categories. That's good news, but for years Wisconsin has been grappling with "brain drain," raising and educating our best and brightest young people only to see many leave Wisconsin for opportunities elsewhere.

Given health care's dynamic future, it can help retain and attract the creative entrepreneurs, the talent and intellectual capital Wisconsin so desperately needs to compete in the 21st century. Like our schools, natural resources and quality of life, health care can be a magnet.

The goal of the Wisconsin Healthcare Business Forum is to not only recognize but to realize the tremendous potential health care holds for Wisconsin. We will do that by convening, connecting and promoting the larger Wisconsin health-care sector to make it a visible component of Wisconsin's economic future.

BAY AREA MEDICAL CENTER'S KALHOEFER RECOGNIZED AS 2018 WHA TRUSTEE OF THE YEAR



L to R: Ed Harding, Laura Rose, Charles Kalhoefer

Charles “Chuck” Kalhoefer received the 2018 WHA Trustee of the Year Award at a ceremony held February 6 at the Bay Area Medical Center in Marinette. Kalhoefer joined the BAMC Board in 1997 and has served continuously since that time. In 2014, when BAMC affiliated with Aurora Health Care, a new oversight board was created to represent BAMC’s interests in the affiliation. Kalhoefer was appointed to that new board and continues to serve as its chairperson.

In nominating Kalhoefer, CEO Ed Harding noted that Kalhoefer was instrumental in advocating for finding a strategic partner to help build a new medical center and position BAMC to meet the area’s present and future health care needs. Harding said, “If not for Chuck’s wisdom of encouraging BAMC to consider a broader vision, BAMC would most likely still be a stand-alone, independent organization, vulnerable to the growing economic and competitive threats in the health care field.”

In presenting the award, WHA Vice President for Policy Development Laura Rose similarly recognized Kalhoefer for his long and distinguished career of board volunteerism at BAMC, as well as his vision in helping move the organization forward to a robust and sustainable future.

WI DEPARTMENT OF HEALTH SERVICES TO RELEASE GRANT APPLICATIONS

WHA-Backed grants help hospitals and health systems grow needed professionals

Coming Soon: the second round of matching grant funding to increase the number of clinical training sites in rural hospitals and clinics for in-demand professionals. This grant program, spear-headed by WHA, is modeled after the successful WHA-led matching-grant GME initiative that has spurred a nearly \$26 million investment by state and private sector partners to create more physician residency capacity, especially in rural Wisconsin.

With [high vacancy rates](#) in allied health professions like nursing assistant and surgical tech, and triple-digit employment growth for advanced practice clinicians, hospitals, health systems and educators can use this grant funding to tailor workforce growth to the needs of the communities they serve. Reach out to partners and be ready to apply when the Wisconsin Department of Health Services releases Requests for Application. Applications for funding will be due mid-April.

The Advanced Practice Clinician (APC) Grant:

- Provides up to \$50,000 per year per clinic or hospital;
- Targets clinical training for physician assistants, nurse practitioners and other advanced practice clinicians; and,
- Covers expenses such as books and materials, tuition and fees, stipends for living expenses, preceptor costs.

The Allied Health Professionals (AHP) Education & Training Grant:

- Provides up to \$125,000 per year per partnership;
- Targets “high need, high demand” allied health professions;
- Requires partnerships with educational entities and health systems; and,
- Covers expenses such as curriculum and faculty development, tuition, and clinical site or simulation expenses.

Gather your partners! Talk about what you could do with new funding for training. Contact [Ann Zenk](#), WHA Vice President Workforce and Clinical Practice, with questions.

HIGH RETENTION RATE GROWS RURAL PHYSICIANS FOR WISCONSIN

WARM program admits 26 more future physicians

Wisconsin Hospital Association’s (WHA’s) 2011 report “[100 New Physicians: An Imperative for Wisconsin](#)” identified current and impending physician workforce shortages, and Wisconsin took action, expanding medical school enrollments for students with ties to Wisconsin, and creating and expanding Wisconsin graduate medical education (GME) opportunities.

Programs at both of Wisconsin’s medical schools target an area of great need, rural medicine. The Medical College of Wisconsin (MCW), opened two new campuses to create more opportunities for Wisconsin students, and the University of Wisconsin School of Medicine and Public Health (UWSMPH), has gradually increased the class size of their program, the Wisconsin Academy of Rural Medicine (WARM), since its inception in 2007. *(continued on page 6)*

High Retention Rate Grows Rural Physicians for Wisconsin . . . Continued from page 5

“Wisconsin’s aging physician workforce and aging patient population create challenges for the state’s health care delivery system. Data shows Wisconsin needs up to 4,000 additional physicians by 2035,” according to Mark Kaufman, MD, WHA Chief Medical Officer. “Programs like WARM help to successfully target growth to underserved areas and in primary care where there is the greatest need.”

The WARM program has grown to a class size of 26 students. The 2018 class includes a large contingent of students from Wisconsin, but also is represented by two students from Illinois, one from Michigan and one from Minnesota.

In the rural medicine program, students complete their first 18 months of medical school in Madison at the School of Medicine and Public Health. They will spend the remaining years of medical school at Aurora BayCare in Green Bay, Gundersen Health System in La Crosse and Marshfield Clinic in Marshfield, and are provided clinical training within their networks of rural hospitals and clinics.

Students also participate in regular core days at their sites to focus on a specific topic from a rural perspective and complete a community health project. Past project topics have included farm-to-table programs, concussion awareness for youth athletes, rural drug and alcohol abuse, health literacy and community disaster drills.

The WARM program is succeeding in building Wisconsin’s rural physician workforce. Admission is limited to applicants who are legal residents of Wisconsin, Michigan, Minnesota, Illinois or Iowa. To date, more than 150 students have graduated from the program, and 89 percent of those graduating from residencies are practicing in Wisconsin. Thirty-five percent of graduates returned to their hometowns to practice medicine, according to Alison Klein, Wisconsin Academy for Rural Medicine outreach specialist.

This high rate of retention does not just happen, according to Dr. Kaufman. “We know if a student growing up in Wisconsin attends a Wisconsin medical school and completes a residency here, there is an 86 percent chance that physician will practice in Wisconsin.”

Wisconsin medical schools are increasing enrollments and targeting areas of greatest need, and WHA-championed graduate medical education (GME) grant programs administered by the Department of Health Services (DHS) are creating new residency opportunities in Wisconsin.



WHA CEO Eric Borgerding is encouraged by the track record WARM is building. “We’ve struck the right path, and it is shaping up to be a successful public-private model,” said Borgerding. “With 89% of WARM physicians practicing in Wisconsin, WARM is exceeding the 86% equation. Well done! Now we need to keep building on this success.”

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in Wisconsin. According to the group of four lawmakers authoring this legislation, “The goal of this sunset was not to terminate Wisconsin’s participation, but to review the benefits and reevaluate the need to continue Wisconsin’s participation in this interstate agreement.”

The bipartisan group of four lawmakers, including Rep. Nancy VanderMeer (R-Tomah), Rep. Deb Kolste (D-Janesville), Sen. Patrick Testin (R-Stevens Point) and Sen. Patty Schachtner (D-Somerset), wrote to colleagues today requesting that lawmakers support their proposal. The legislators agreed the Compact has helped to expedite licensure for physicians and improve access for patients in need of services in Wisconsin.

“After reviewing the benefits provided to physicians and patients in our communities through the Compact, we strongly believe that patients across Wisconsin have benefitted from the physicians who have been licensed through this Compact process. We are authoring LRB 1122 & LRB 1831 because we believe it is critical to health care access that we maintain Wisconsin’s participation in the Interstate Medical Licensure Compact,” said the lawmakers in a memo to legislative colleagues requesting their support of the bill.

In April 2017, Wisconsin’s Department of Safety and Professional Services (DSPS) became the first licensing agency in the nation to process a Compact license. Since then, nearly 400 physicians residing in other states have used the Compact process to become licensed and serve patients in Wisconsin.

For more information about the Interstate Medical Licensure Compact or the Medical Licensure Compact Reauthorization Act, contact [Kyle O’Brien](#) or [Ann Zenk](#). If you want to contact your state representative or state senator to encourage them to sign on as co-sponsors of the bill, contact [Kari Hofer](#) for assistance.