

IN THIS ISSUE

State Lawmakers Release Bipartisan WHA-Priority Legislation to Further Team-Based Care 1

ONE WEEK: First PAC Contributor List Released Next Week 1

InsideWis: Rural and Urban Economies Can Improve with Cooperation 2

Register Today for 2019 Rural Health Conference 3

Register for WCMEW 2019 Workforce Summit 4

Last day to get the group rate on hotel rooms for the Rural Health Conference!
See page 3.

State Lawmakers Release Bipartisan WHA-Priority Legislation to Further Team-Based Care

Legislation recognizes Advanced Practice Providers in state Power of Attorney and Living Will laws

Last week, a bipartisan group of four state lawmakers circulated a bill to address barriers experienced by hospitals and advanced practice providers looking to act upon the wishes of a patient documented through their Power of Attorney or Living Will. These barriers impact all hospitals, but can have a more significant impact on those facilities in rural areas and other areas that heavily rely on advanced practice providers.

While Advanced Practice Registered Nurses' (APRNs) and Physician Assistants' (PAs) education and training has evolved, Wisconsin law has not always kept up with these changes. The legislation, crafted alongside WHA, was circulated as LRB 1737 and recognizes APRNs and PAs professions in key provisions of Wisconsin's Living Will and Power of Attorney statutes:

- **Activation of an individual's wishes under the individual's Living Will.** Under current law, an individual's treatment wishes under a Living Will can only be acted upon following a determination by two physicians that the individual has a terminal condition or is in a persistent vegetative state. The bill modifies current law to require that the determination be made by one physician plus one physician, PA, or APRN.
- **Activation of an individual's health care Power of Attorney.** Under current law, an individual may create a health care Power of Attorney instrument

(continued on page 2)

EDUCATIONAL EVENTS

June 12-14, 2019
Wisconsin Rural Health Conference
Wisconsin Dells, WI

Throughout 2019
Health Care Workforce Resilience
Free Member Webinar Series

Visit www.wha.org
for more educational opportunities

ONE WEEK: First Contributor List Released Next Week

Contribute before May 28 to be on the list



The first Wisconsin Hospitals State PAC & Conduit contributor list of the year will be published in next week's *Valued Voice* newsletter. That means you have one week to make your contribution and be added to the list. Submit your contribution [online](#) today!

The Wisconsin Hospitals State PAC and Conduit campaign 2019 goal is to raise \$320,000. To date, 107 contributors have contributed \$127,544, or 40% of goal.

Help us finish the month of May strong by making your contribution now! Contributors can make a one-time contribution or set up a recurring quarterly, monthly, or bi-weekly donation. Donor club levels begin at \$1,500 (annual).

Contribute easily online at www.whconduit.com or contact WHA Vice President of Advocacy [Kari Hofer](#) at 608-268-1816.

that authorizes an agent to make health care decisions for the individual should he/she become incapacitated. Also, under current law, the agent's authority is only activated under the Power of Attorney document when two physicians or one physician and one psychologist examine the individual and determine that the individual is incapacitated. The bill modifies current law to require that the exam and determination be made by one physician plus one physician, psychologist, nurse practitioner, or PA.

- **Do-not-resuscitate orders.** Under current law and subject to several conditions, a patient can request that his/her attending physician issue a do-not-resuscitate order should the patient have a terminal condition or be in a persistent vegetative state. The bill changes "attending physician" to include PAs and APRNs serving as the "attending health care professional."

Reps. Pat Snyder (R-Wausau) and Steve Doyle (D-Onalaska), and Sens. Howard Marklein (R-Spring Green) and Janis Ringhand (D-Evansville) are lead authors of the legislation.

To contact your state legislator and ask them to co-sponsor this bill, please visit the [WHA HEAT Action Center](#). The deadline for legislators to sign on to the bill is Thursday, May 23.

LRB 1737, a priority piece of legislation for WHA, is one of several team-based care proposals initiated by WHA that have advanced in the Legislature in recent years. Previous proactive legislation from WHA has included changes to Wisconsin's hospital regulations that allow an advanced practice nurse or physician assistant to admit a patient into a hospital. Last session, WHA worked with a group of lawmakers to clarify under Wisconsin's Medicaid statutes that an order from an advanced practice provider, like a physician order, is a valid order for a Medicaid beneficiary as long as the order is for a covered service and within the provider's scope of practice.

See the following resources for LRB 1737:

- [WHA's Memo Requesting Lawmakers Co-Sponsor LRB 1737](#)
- [Memo from Lawmakers Circulating LRB 1737](#)
- [Draft Legislation](#)

InsideWis: Rural and Urban Economies Can Improve with Cooperation

By Tom Still, President, Wisconsin Technology Council

With the city of Madison and its metropolitan area popping up consistently in national rankings on economic vitality, many people would assume all is well in the seven other counties that make up the Madison Region Economic Partnership.

Don't assume too much.

Data revealed Thursday at MadREP's "State of the Madison Region Economy" event highlighted significant challenges facing the seven counties outside Dane while also breaking down research reports on the region's target economic sectors: agriculture, food and beverage; advanced manufacturing; healthcare; information communications technology; and bioscience.

The findings included lessons that shouldn't be lost on the rest of Wisconsin.

"Our rural areas are significantly under-performing compared to Dane County," said MadREP President Paul Jadin, who presented the region's next five-year economic development strategy.

There are many reasons for that, not the least of which is the lack of robust broadband connections in parts of those counties, a farm economy that is suffering in some sectors – and a mix of opportunity and social factors that have contributed to rural out-migration in America for a century or more.

The MadREP example is instructive, however, because it shows that prosperity in a region doesn't necessarily improve at the same pace as the nearest large city—unless there is a regional approach to solving common problems.

William Fruth, president at POLICOM Corp., is an economist who has studied regional clusters of activity. He has ranked the Madison metropolitan statistical area among the top dozen or so nationally when it comes to economic vitality. However, as Fruth told the MadREP group, it's a different picture when the larger region is included.



Tom Still

The broader Madison region ranked in the bottom quartile when compared to similar regions surrounding Ann Arbor, Austin, Boulder, Columbus, Indianapolis, Lincoln, Portland, Raleigh and Salt Lake City. The question is why job growth is strong in Dane County but flat to even declining in some of the seven adjacent counties: Columbia, Dodge, Green, Iowa, Jefferson, Rock and Sauk.

Jadin noted that parts of the MadREP region are “broadband deserts,” meaning slower or even non-existent connections to the internet are holding back economic progress. “It’s not just a problem in northern Wisconsin,” he said.

Daily migration data reveals that roughly 50,000 people per day are commuting to Dane County from those seven counties—and that 42,000 per day are moving in the opposite direction. Another 46,000 people are commuting each day to Dane County from the rest of the state’s counties, which illustrates that people recognize opportunity when they see it.

Another reason for lack of economic growth in some rural communities may be a problem evident in other parts of Wisconsin: Lack of cooperation among government units.

Wisconsin has 3,128 local governments units—counties, cities, villages, towns and other special units—which is among the most in the nation. Only eight other states have more, and most of those states have larger populations, according to Governing magazine. Wisconsin has 54.6 local governments per 100,000 people; the U.S. average is 28.7 per 100,000 people.

That becomes a problem when those units of government don’t talk among themselves about common challenges, such as water supply, transportation, land-use planning and economic growth that is managed across boundaries. In Colorado, for example, part of the prosperity of the Denver region can be directly attributed to a regional approach to growth.

Some of the friction in Wisconsin is cultural and political. Local officials in parts of the state often see cities such as Madison and Milwaukee as wealthy enemies, even if so much of the state’s economy depends on healthy urban centers. City officials, on the other hand, are sometimes accused of land grabs to build municipal tax bases.

The fact is that rural communities need urban centers, and vice versa. A report released by the Brookings Institution in 2018 countered the argument that cities are a drain on rural resources.

“Studies in Minnesota, Georgia, and Wisconsin reveal that metropolitan areas contribute more to state coffers than they receive in education, infrastructure, and other public services investments,” the report noted.

The Brookings report didn’t call for ever-bigger “super-cities,” but urged investment in smaller cities close to rural areas.

“A more strategic approach would aim to accelerate economic growth across mid-sized metro areas and micropolitan areas that are accessible to nearby rural areas,” it read.

Local control is a Wisconsin mantra, but economic challenges in much of rural Wisconsin suggest that governments can cooperate while not surrendering control over their own affairs.

Register Today for 2019 Rural Health Conference

Hotel reservation deadline is today – May 21

There’s still time to register you, your leadership team and your hospital’s board of trustee members for the 2019 Wisconsin Rural Health Conference, scheduled for June 12-14 at Glacier Canyon Lodge at The Wilderness Resort

in Wisconsin Dells.

[Online registration](#) is available now

Time is running out to make your hotel reservations at Glacier Canyon Lodge and get the group’s discounted rate. The deadline is today, May 21. Call 800-876-3399 and request a reservation in the Wisconsin Hospital Association room block.

This year’s opening keynote speaker is Ron Galloway, a

researcher, filmmaker and author, who will discuss some of the biggest health care disruptors, identifying ways they leverage their data expertise and ability to launch new technologies quickly to affect health care, and how these companies’ strategies may affect rural health providers.



Review the [agenda and register online](#) today. Registration questions can be directed to [Allison Taylor](#).

Register for WCMEW 2019 Workforce Summit

Also seeking proposals for presenters

The Wisconsin Council on Medical Education and Workforce (WCMEW) will hold its annual [healthcare workforce summit](#) on **Tuesday, September 24 in Oshkosh**. The summit provides a unique opportunity for stakeholders across education, industry, and community partners to collaborate, share best practices, and develop longstanding relationships. [Registration is now available.](#)



WCMEW is also seeking proposals for Disruptor “Flash Talks,” brief presentations on workforce innovations in telehealth, team-based care, student learning, and school-site partnerships. Abstracts are due June 1; [see details here](#). The Summit registration fee will be waived for selected presenters.

Who should attend the summit?

- Providers (Physicians, APRNs, PAs, Pharmacists, and others)
- Hospital, clinic, and health system decision-makers
- Educators and clinical coordinators
- State and local policymakers
- Managed care and payer executives
- CNOs, CMOs, and Advanced Practice innovators
- Full-time students in nursing, medicine, pharmacy, and other healthcare professions

Summit agenda (subject to change):

- Cultivating and Sustaining Care Teams: Interprofessional Training, Continuing Education, Onboarding, Team Maintenance, and Measuring Success
- Disruptor “Flash Talks” featuring innovations in telehealth, team-based care, student learning, and school-site partnerships
- Policymaker Panel: Toward a Statewide Workforce Agenda
- Clinical Coordinator Roundtables & Networking
- Payments, Reimbursement, and Workforce Implications
- Creating Resilient Systems to Proactively Combat Burnout