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**EDUCATIONAL EVENTS**

**Throughout 2019**  
*Health Care Workforce Resilience*  
Free Member Webinar Series

**SAVE THE DATE**  
**September 6, 2019**  
*WHA 2019 Post-Acute Care Conference*  
Wisconsin Dells, WI

**WHA Urges Senator Baldwin and Wisconsin Congressional Delegation to Remove Benchmark Rates from Surprise Billing Legislation**

With the Senate’s Health, Education, Labor, and Pensions (HELP) Committee set to take up health care transparency and surprise billing legislation later this week, WHA once again urged Wisconsin lawmakers to preserve free market health care options.

In a letter to Senator Tammy Baldwin, who sits on the Senate HELP Committee, WHA reiterated its support for Congress’ efforts to improve [transparency](#) and reduce instances of surprise billing. However, it noted the very serious concerns from the health care community that resolving billing disputes by using a median in-network rate as a benchmark could have unintended consequences that undermine the free market and reduce provider choices for consumers.

“This seems to be tilted heavily in favor of insurers,” noted Eric Borgerding, WHA President and CEO. “Why would an insurer contract with a provider that requires a rate above the median rate if the insurer knows it can pay less if it does not contract with that provider?” WHA also [shared these concerns](#) with the rest of the Wisconsin delegation.

*(continued on page 5)*

**From Disruptors to Resiliency: Captivating Speakers Headline Wisconsin Rural Health Conference**

Nearly 300 rural health care leaders across Wisconsin descended upon Wisconsin Dells June 13-14 for WHA’s annual Rural Health Conference. This statewide forum is an opportunity to highlight and discuss a variety of public policy topics that affect rural health care, and this year’s lineup of keynote speakers tackled pressing issues such as disruptors in the health care industry and how to build resilience within your organization.

See our Rural Health Conference [supplement](#) and [Flickr photo album](#) from the event.

**Health care disruptors: augmenting or competing with the industry? How Walmart, CVS, Amazon and Google are impacting health care**



Ron Galloway

Ron Galloway, President of 818 Research, conducts on-demand research about health care innovations and their consequences, as well as new trends and technologies in the health care industry. At the conference, Galloway explored how retail and analytic giants like Walmart, CVS, Amazon and Google will impact health care by leveraging their scale and data expertise—and whether they will augment or compete with the health care industry. “With its old tech and data silos, health care has been an industry ripe for disruption—and it’s the only business lucrative enough to ‘move the needle’ on their earnings,” said Galloway.

*(continued on page 5)*

## HHS & Wisconsin Providers Discuss Removal of Regulatory Barriers to Coordinated, Value-Based Care

### *Roundtable event in Madison focuses on needed reforms to Stark Law and Anti-Kickback Statute rules*

On June 20, WHA and several WHA health system members attended a roundtable meeting in Madison with William Brady, Associate Deputy Secretary of the U.S. Department of Health and Human Services (HHS). The purpose was to discuss how HHS's regulations related to health care anti-fraud statutes should be modernized to remove hospital and health system barriers to forming innovative payment arrangements that reward physicians for improving quality.

At the event, representatives from Advocate Aurora Health, Ascension Wisconsin, Children's Hospital of Wisconsin, Epic Systems, Marshfield Clinic Health System, and WHA discussed HHS' "Regulatory Sprint to Coordinated Care" initiative, which is intended to accelerate the transition from fee-for-service to a coordinated care, value-based system. As part of this initiative, in 2018, HHS sought stakeholder feedback on how the regulations involved in implementing two health care anti-fraud statutes, Stark Law and the Anti-Kickback Statute, could be modified to remove regulatory barriers that impede the transition to coordinated, value-based health care delivery. Based on this feedback, HHS is developing two proposed rules to modernize these regulations and intends to release those rules later in the summer.

During the roundtable, the health care stakeholders expressed concern that HHS' current rules surrounding the Stark Law and Anti-Kickback Statute prevent innovation and impede new value-based arrangements. Brady agreed and talked about how the Stark Law regulations in particular "have turned into paralyzing vagueness" for health care providers. He told attendees that HHS "look[s] forward to letting the industry be more creative in how they do things."

Last year, WHA responded to HHS' request for [stakeholder feedback on the Stark Law regulations](#), commenting that HHS should focus its reforms on clarifying confusing definitions, providing clearer exceptions, prioritizing intentional rather than technical violations, and harmonizing the Stark Law with the Anti-Kickback Statute.

In April, [Wisconsin's Congressional delegation wrote a letter to HHS](#) expressing support for HHS' "Regulatory Sprint to Coordinated Care" initiative. "[W]e have heard from Wisconsin health care leaders that certain requirements and regulations have become increasing barriers to pursuing greater coordination and value for patients, and can result in significant provider burden and administrative costs," the delegation wrote in its letter. "[W]e support your efforts . . . to examine these and other regulations created in a fee-for-service era and to understand how to modernize this regulatory framework for tomorrow's health care system while maintaining important beneficiary protections."

For more information, contact WHA Assistant General Counsel [Andrew Brenton](#) at 608-274-1820.

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## Wisconsin Hospitals State PAC & Conduit Closes June Out Strong

### *See contributor list on pages 9-10*

The Wisconsin Hospitals State PAC & Conduit continues its fundraising campaign with \$157,616 raised so far this year. That is 49% of the aggressive fundraising goal of \$320,000 for 2019.

More than 125 donors have participated this year. "Last year, 301 donors contributed to the Wisconsin Hospitals PAC & Conduit," said Kari Hofer, WHA Vice President of Advocacy. "To grow our level of support for candidates who value health care in Wisconsin, we need to see more individuals participate this year."

Individuals can choose to personally contribute to either the Wisconsin Hospitals PAC or Conduit. The Wisconsin Hospitals PAC pools resources together from individuals and makes contributions to candidates under the Wisconsin Hospitals PAC name. Alternatively, the Wisconsin Hospitals Conduit works like a political checking account where funds are kept in an account and are disbursed to candidates you, as the donor, choose.

To make a contribution, visit [www.whconduit.com](http://www.whconduit.com) or contact [Kari Hofer](#) at 608-274-1820.



## WHA Submits IPPS Comment Letter

### Urges CMS to continue striving to restore fairness to wage index



On June 24, WHA [submitted comments](#) to the Centers for Medicare & Medicaid Services (CMS) on the proposed 2020 Inpatient Prospective Payment System. Among the list of topics WHA commented on were restoring fairness to the area wage index, more accurately covering hospitals' graduate medical education costs, and reducing the regulatory burden in CMS' Promoting Interoperability Program.

WHA praised CMS for its recent efforts to examine ways to restore fairness to the area wage index. This is an issue WHA has been very active in ever since the "Bay State Boondoggle," which was inserted into the Affordable Care Act and ended up taking Medicare wage index payments from states like Wisconsin and sending them largely to coastal states.

The two changes in this rule would try to bring more equity to the wage index by:

1. Raising the wage index for hospitals in the bottom 25% by reducing the wage index for hospitals in the top 25%.
2. Stopping the negative impact of budget neutrality that has occurred when hospitals reclassify from urban to rural.

Overall, the wage index changes are a net benefit to Wisconsin hospitals. However, WHA urged CMS to focus more narrowly on the labor markets and states that have gamed the system to not penalize hospitals in naturally occurring high labor markets.

WHA focused its other comments on ways CMS could reduce the regulatory burden on physicians and hospitals in Medicare's Promoting Interoperability Program. Specifically, WHA offered support in providing more flexibility for the meaningful use of certified electronic health records technology, removing the "Query of PDMP" measure, and removing the "Verify Opioid Treatment Agreement" measure. WHA noted this would be consistent with the U.S. Department of Health and Human Services' stated policy of reducing the electronic health record regulatory burden.

For questions, contact WHA's Director of Federal and State Relations [Jon Hoelster](#) or Assistant General Counsel [Andrew Brenton](#).

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## Governor Appoints WHA's Rose to State Public Health Council



Laura Rose

Laura Rose, WHA Vice President for Policy Development, has been appointed by Governor Tony Evers to the Wisconsin Public Health Council. Rose will serve as a health care provider representative, and succeeds Mike Wallace, CEO of Fort Healthcare. She brings to the Council her knowledge of the health care continuum through her work with WHA on post-acute care, dental access, and physician reimbursement issues, as well as her experience serving the Legislature as Deputy Director of the nonpartisan Wisconsin Legislative Council.

The charge to the Public Health Council is to advise the Department of Health Services (DHS), Governor, Legislature, and the public on progress in implementing DHS' 10-year public health plan and coordination of responses to public health emergencies. The Council includes health care consumers, health care providers, health professions educators, local health departments and boards, public safety agencies, and the Public Health Advisory Committee within DHS. Rose will begin her service immediately.

For questions regarding the Public Health Council and WHA's role in advising DHS, contact [Laura Rose](#).

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## WHA Members Provide Feedback on DHS 75 Substance Abuse Treatment Rules

The Wisconsin Department of Health Services (DHS) held listening sessions in Milwaukee and Waukesha on June 17 and 20, respectively, seeking input and experiences with Wisconsin's Community Substance Abuse Standards—DHS 75—as DHS begins an effort to rewrite those rules. WHA General Counsel Matthew Stanford attended the listening sessions and is a member of a DHS advisory committee that will be convened this fall to work on a final proposed rewrite of DHS 75.

The rulemaking is an outgrowth of a recommendation from the Governor's Task Force on Opioids. During that Task Force, WHA noted concerns from substance abuse providers that Wisconsin's special substance abuse treatment rules can create costly and unnecessary burdens that are not keeping up with care delivery changes and create barriers to expanding substance abuse treatment services.

Health system substance abuse providers from Advocate Aurora Health, ProHealth Care, and Rogers Behavioral Health attended the listening session, as did several local agency substance abuse providers. Examples of common key themes of the comments provided included:

*(continued on page 4)*

- The DHS 75 clinical supervision requirements are outdated and often inconsistent with a modern licensed and professionalized substance abuse treatment delivery model.
- The DHS 75 rules frequently require multiple signatures and reviews that create paperwork burden but no meaningful benefit for patient care.
- Separate treatment service-type silos are creating unnecessary barriers to service model flexibility and integration.
- The lengthy time period to get certified by DHS to provide substance abuse services and different interpretations from surveyors is a frustration.
- Current rules are inconsistent with modern technology, including telemedicine and electronic health records.

“Medicaid telehealth regulations really handcuff us as to what technology we are able to utilize day to day,” said one provider. “We actually decided to end our telehealth certification after we got it due to all of the additional hoops,” said another provider.

Consistent with prior listening sessions in Eau Claire and Green Bay on May 21 and 23, providers also universally expressed frustration that the rule regulates as if Wisconsin doesn’t have separate licensing requirements for substance abuse treatment professionals.

“The rule is full of language that doesn’t recognize licensed professionals,” explained a provider. “The rule has requirements that are not in place for any other diagnosis that licensed professionals treat.”

Two final DHS 75 listening sessions will be held in Lac du Flambeau on June 27, and Madison on July 16.

If you have questions or would like more information about these sessions, contact [Matthew Stanford](#) at 608-274-1820.

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## Wisconsin Healthcare Business Forum – Progress Continues

On June 17, the Wisconsin Healthcare Business Forum (WHBF) Board reconvened to discuss upcoming activities and future focus areas.



WHBF continues to co-sponsor the popular Innovation Network luncheons with the Wisconsin Technology Council. Upcoming luncheons will feature:

- Vision research and technology – [July 11 in Wauwatosa](#)
- The impact of machine learning and data science on health care information technology – [July 30 in Madison](#).

WHBF will also be featured in a panel discussion on the power of partnerships at the annual Technology Councils of North America (TECNA) conference in [July](#).



*The Wisconsin Healthcare Business Forum Board meeting at WHA, June 17, 2019.*

The Board discussed future partnership opportunities to connect the health care and health tech sectors, and initiatives to promote the value of health care in Wisconsin’s communities. The Board will reconvene September 30.

For more information about the WHBF, contact WHA Vice President of Public Policy [Lisa Ellinger](#).

## Here Comes the Sun!

The arrival of sunny days and warmer temperatures means summer fun will be in full swing! Too much sun, however, can be dangerous.

According to data gathered by the [WHA Information Center](#), 5,272 surgeries were performed in 2018 in Wisconsin hospitals or free-standing ambulatory surgery centers for malignant skin cancer removal.

The Centers for Disease Control offers [good advice](#) to stay safe in the sun.

*(WHA Urges Senator Baldwin and Wisconsin Congressional Delegation to Remove Benchmark Rates from Surprise Billing Legislation. . . Continued from page 1)*

WHA also noted that surprise billing appears to be less of an issue in Wisconsin due to its high level of integration. According to an analysis WHA requested from the Office of the Commissioner of Insurance (OCI), only 61 surprise billing complaints were received in a 15-month period from 2018 to 2019, with five insurers accounting for the bulk of those complaints. Data from the Health Care Cost Institute also found that Wisconsin compared favorably to other states, with only 4% of hospital admissions resulting in an out-of-network surprise bill, compared to 20-26% of admissions in states like Texas, Florida, and California.

WHA also noted there can be significant variation in health care markets across the state and country, and that one-size-fits-all solutions like the one being proposed can often trade one problem for another. It urged lawmakers to continue exploring other mechanisms to resolve balance billing disputes that would not have the same detrimental impacts.

The Senate HELP committee is expected to take up this legislation on June 26. WHA will continue to actively engage lawmakers in the Senate and House as the legislation progresses, as well as examine these issues in its Transparency Task Force meeting later this week.

WHA urges members to [contact their elected officials](#) to express their concerns with the legislation currently being developed.

*(From Disruptors to Resiliency: Captivating Speakers Headline Wisconsin Rural Health Conference . . . Continued from page 1)*

Consumers have built up a certain level of familiarity and trust with Walmart, CVS, Amazon and Google, so they're more willing to share information with them. "They are using the existing—and upcoming—treasure trove of data and giving it context, which is called ambient intelligence. They are able to take this acquired knowledge from different data sources, build on it with machine learning, and infer conclusions about their customers."



Galloway shared both simple and more complex examples of how ambient intelligence is already being used:

- "Amazon knows my size pants, so they can guess my weight."
- Walmart tracks the weather and how it impacts customer purchases in different geographic areas. If a hurricane is heading toward Miami, without asking any humans, the store knows customer will want to buy beer and strawberry frosted Pop-Tarts. "It's a conclusion none of us would make, but the computer was able to validate it's true."
- The technology behind the MagicBands that Walt Disney uses at its amusement parks to connect to a visitor's account are being used on Alzheimer's wards. Walt Disney uses the bands to enhance customer experience, whereas the wards use the bands to monitor patient care, such as where an Alzheimer's patient is located, if they fall down, or if they are moving in bed too much.



Source: [Disney Parks Blog](#)

*(continued on page 6)*

## Walmart - Augmenter

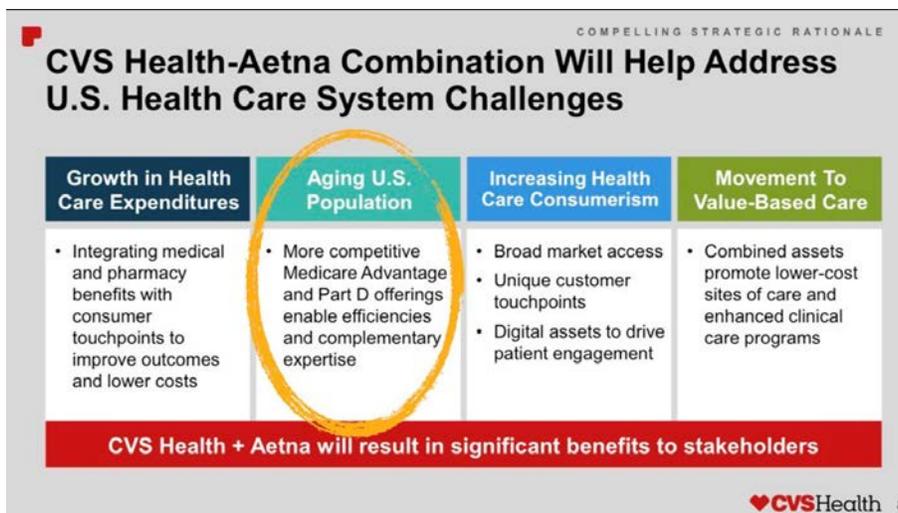
Galloway believes it is Walmart, not Amazon, that could prove to be the real disruptor in the health care industry. Walmart is using its “profound IT expertise” to scale its data mining in the health care industry, which can be utilized at Walmart’s Centers of Excellence networks.

Walmart has medical partners at these 15 Centers, and the organization hires specialists, often hiring local doctors who do not seem to be affiliated with hospitals, to treat participants in the store’s Health Reimbursement Account (HRA) plans. Individuals can receive a variety of procedures such as cardiac bypass surgery, hip and knee joint replacements, or be treated for cancer or spine injuries.

## CVS - Competitor

With CVS’ \$69 billion merger with Aetna coming before a federal judge in the near future, Galloway sees CVS as a direct competitor in the health care industry. He noted that CVS has:

- 9,800 retail locations
- 1,100+ walk-in health care clinics
- 94,000,000 members in its pharmacy benefits plan
- 1,000,000 patients served by its dedicated senior pharmacy care business



Source: [CVS Health](#)

It is looking at the Aetna acquisition as a way to “help address U.S. health care system challenges” as noted in the graphic above. Galloway said, “As Aetna’s boss, Mark Bertolini put it, ‘We have 10,000 new front doors to the health care system’” as CVS takes over Aetna’s patient medical care records, giving it “far more information about patients’ chronic illnesses.”

## Amazon – Augmenter, but in a Strange Way

Amazon is looking to get into pharmaceuticals, medical supplies and electronic health records (EHRs). “They’re not afraid to spend money or take chances,” said Galloway. But as Amazon looks at expanding its reach into those areas, it’s looking to be the interface in the health care industry, not a competitor.

- *Pharmaceuticals.* Sixty-six percent (66%) of customers say they would have no concerns with ordering medications from Amazon, and consumers are already doing so in Japan for Category No. 1 drugs. Amazon offers same-day delivery service after the items are approved by a pharmacist, and these services are bolstered by its recent purchase of PillPack, which provides individualized medication packets by date. The PillPack purchase also gives Amazon access to sensitive health care data. “This is going to be one of the greatest corporate acquisitions because it gives them the ability to deliver prescriptions in 49 states versus getting individual licenses in each state,” said Galloway.
- *Medical Supplies and EHRs.* Amazon Web Services (AWS) is the company’s secure cloud services platform, which gives the company access to “big, big data” notes Galloway, as it provides data storage services for other companies. For example, while Netflix competes with Amazon Prime, Netflix also stores its data on Amazon’s AWS. Galloway speculates that Amazon is interested in delving deeper into EHRs, and one of the ways they may do this is by offering medical supplies to hospitals for free in exchange for EHR data.

## Google - Augmenter

“I’m not afraid of Google—they know everywhere I went last year, and I don’t believe they are going to be a big competitor,” said Galloway. “Google is intent on becoming a force in EHRs, which is a business begging to be disrupted with its interoperability and meaningful use mandates.”

Google acquired DeepMind in 2014, which is a world leader in artificial intelligence research and predictive analytics. Galloway walked through an example of how DeepMind is analyzing raw EHR data to see what it can learn. It created 64 billion data points to study inpatient mortality, 30-day readmissions, and length of stay. It could accurately predict:

- If someone was going to die when admitted
  - If a patient would be readmitted within 30 days from discharge, an important factor in reimbursement
  - Length of stay within 24 hours of admission
- (continued on page 7)

Galloway concluded by saying that as people live longer, data and technology will be important factors in providing high-quality health care and quality of life.

## **Identifying Challenges, Achieving Solutions for Rural Health Care**

### **WHA's bipartisan advocacy efforts lead to strongest health care budget in 30+ years**



Eric Borgerding, WHA President and CEO, and Tim Size, Executive Director of the Rural Wisconsin Health Cooperative, continued the day's discussion reporting on important issues to the rural health care community including reimbursement and coverage, the health care workforce, and how Wisconsin's shifting demographics are impacting rural health.

Borgerding reiterated that WHA has a continual focus on state and national policy issues that impact members' ability to provide high-quality health care. WHA's advocacy efforts are "reaching beyond the hospital walls into the continuum of care," such as outpatient services and post-acute care.

One of the hospital reimbursement policy issues facing Wisconsin's hospitals is Medicaid reimbursement, which has an annual shortfall of \$1.2 billion and is continuing to grow. While members are controlling costs, nearly 30% of Wisconsin's safety net hospitals continued to lose money in fiscal year 2017, with the majority of these facilities located in rural areas of the state. The shift to outpatient care is the biggest factor driving these losses because it has an even lower Medicaid reimbursement rate than inpatient services. This outpatient cost-

shift has increased by \$500 million over the past decade.

"About one-third of Wisconsin's hospitals operated in the red last year. People assume that hospitals can shift unpaid Medicaid costs for both inpatient and outpatient services, but that is getting more difficult to do and should not be the long-term strategy for financing the Medicaid program," said Borgerding. "For every \$1 it costs a Wisconsin hospital to care for a Medicaid patient, 35¢ goes unreimbursed. This government cost-shifting not only impacts Wisconsin employers' and families' health care costs, but it threatens access to care in rural Wisconsin."

Borgerding also shared some good news in the reimbursement realm by highlighting the increases included in the state budget introduced by Governor Evers and recently approved by the Legislature's budget committee. The governor and Legislature have differences as to funding sources, but both included significant hospital and physician reimbursement increases that WHA has advocated for throughout the state budget process.

"These additional resources, if signed into law, will help expand access to care all across Wisconsin," Borgerding said.

The budget also includes funding toward other issues top-of-mind for hospital CEOs statewide: the health care workforce and health insurance market stability. To date, the Legislature has approved a number of policy and funding improvements to Medicaid reimbursement, access, and workforce development:

- \$148 million increase for the Disproportionate Share Hospital (DSH) Program
- \$11 million increase for Rural Critical Care Supplement Program
- \$25 million behavioral health reimbursement (details pending)
- Eliminating specialty limitations for the Graduate Medical Education (GME) program
- \$2.5 million reimbursement increase for dental services for persons with disabilities
- \$7 million for telehealth reimbursement and modifying the telehealth definition in the Medicaid program to allow for real-time provider-to-provider telehealth consultations and remote patient monitoring
- \$70 million to stabilize high-cost premiums in the individual insurance market
- \$1.1 million to expand Medicaid program outreach
- \$44 million increase for broadband expansion

More people will receive the care they need because of this budget, especially in our rural and urban undeserved areas. "I have been doing this for more than 30 years, and this is hands-down the strongest budget I have seen for health care," said Borgerding. "Governor Evers introduced a strong budget, and following the Joint Finance Committee vote, it remains very positive for health care in Wisconsin. Our members expect WHA to be the political landscape readers, and this budget demonstrates how an organization like ours engages in and affects public policy. It is also due to the tremendous efforts of our members who testified at every single public hearing and made more than 2,100 contacts to legislators."

Tim Size, Executive Director of the Rural Wisconsin Health Cooperative (RWHC), then took the stage noting the strength of the RWHC/WHA collaboration. "I do not think there's another partnership like this in the country, and Wisconsin is better for it."

*(continued on page 8)*



Size said RWHC’s top advocacy issues center around Medicare/Medicaid funding and regulatory reform, wellness incentives and access to health care to reduce disparities, statewide workforce issues, and promoting rural Wisconsin’s rural economic and community growth. “Medicaid and hospital clinician reimbursement are tied directly to our ability to address social determinants—you cannot look at one without looking at the other.”

Wisconsin county health rankings from the UW Population Health Institute show that two-thirds of the state’s rural counties have health outcomes in the bottom half of the state. Size says this is not a failure of talented and hard-working rural health care providers. Instead, he points to the social determinants of health that drive outcomes, such as access to health care, education and employment.

“There are two Wisconsins: our metropolitan areas and rural communities. We often think of disparities in metro areas, but if you look at our state, rural job growth is just starting to return to what it was before the recession,” said Size. “A strong rural economy requires a strong workforce.”

Workforce demands are continuing to outstrip supply due to demographic changes. Wisconsin is aging, and the financial viability of rural hospitals is dependent upon its available health care workforce. Size says baby boomer retirements are creating a shortage of rural clinicians, such as a chronic shortage of behavioral health and dental caregivers, along with deficits in primary care physicians and registered nurses.

To help address workforce needs, Size is looking at various community revitalization initiatives that also address social determinants of health including housing, community development, job creation and education to help rural communities and health care providers prosper.

Size closed by expressing appreciation for the financial investments made in the state budget to help address the workforce, access and economic needs in rural health. “Rural providers can only be part of solving their communities’ bigger problems if they are financially healthy. Medicaid dollars are critical, and we are very grateful for WHA’s leadership on this issue,” said Size.

### ***Final day of Rural Health Conference highlights “retrain your brain” and resiliency techniques to build a strong health care team***

Former psychiatric RN, Amy Dee, kicked off Friday morning at the Rural Health Conference by sharing her humorous and heartfelt observations in the health care industry, stressing how “confirmation bias” can impact relationships with patients.

“We all seek out information that proves what we already believe, and we disregard all information that conflicts with those beliefs. We make a statement in our head and seek information to prove it’s true,” said Dee.

This confirmation bias occurs because our brains have an overwhelming amount of data to process each day, so it looks for shortcuts to manage the information we receive. It takes less energy to confirm what we already think versus learning something new—which makes first impressions critical.

Our confirmation bias is looking to validate that first impression, and it is how we interpret an event that causes an emotion. Dee asked attendees if their hospital has a welcoming presence, causing patients and their families to interpret their interactions positively.

“It takes less than 10 seconds for patients who come into your hospital to decide whether you care about them—or you couldn’t care less,” said Dee. “People are not only served by large gestures, they’re served in the small gestures...the next time you have a patient who makes you want to grit your teeth, listen a little bit harder. Never underestimate the power of making another human being smile; in that moment, you may be the only person who can. Who you are and what you do in this world matters.”

Dee was followed by *New York Times* bestselling author and resilience expert, Jim Davidson. Davidson began by sharing his harrowing story of falling into an 80-foot hidden crevasse, or crack in a glacier, on Mt. Ranier. He was climbing with his friend and experienced climber, Mike Price, and the impact of the fall ultimately killed Price. Alone and buried in snow to his chin, Davidson knew he had to get out of the crevasse before the snow began to freeze.



*(continued on page 9)*

“The way back to the world was 80 feet over my head, and I kept thinking, ‘there’s no way out of here. No one knows we’re in here, so what do I do now. I can’t stay here, and I can’t climb the walls,’” said Davidson. “When faced with a problem, we get attracted to what we don’t have. Instead, look at what you DO have to solve the problem; that’s the attitude you need to have.”



Slowly, Davidson began to ascend the ice wall by screwing in ice screws to make a “ladder” he could use to climb out, which he did. “I wish I could say I had super strength or invented some new climbing technique, but it wasn’t that. It was grinding perseverance. It gets tiring, but you’ve got to keep going.”

Davidson didn’t climb for five years but eased back into the practice when he was contacted by a university to help teach students how to climb. Eventually, to honor the member of his friend, Davidson went to Nepal to co-lead an expedition with a group of students to climb Mt. Everest. During the climb, Nepal was hit with the worst earthquake it had experienced in 80 years.

These two traumatic climbs taught Davison about having a resilient mindset, what resilient teamwork looks like, and how to be a resilient leader. “When something goes wrong, the people who accept the issue the fastest, do the best (called situational awareness). How can I help with this new reality—confidence is contagious, but so is fear.” Davidson encouraged the rural health leaders to be realistic yet optimistic, and to amplify resilience.

See our Rural Health Conference [supplement](#) and [Flickr photo album](#) from the event.

**Save the Date!**  
**2020 Wisconsin Rural Health Conference**  
 June 24-26 in Green Bay

**Political Action Fundraising Campaign Contributors**

**Contributors ranging from \$10,000+ - Leaders Circle**

Borgerding, Eric & Dana Wisconsin Hospital Association

**Contributors ranging from \$5,000 to \$7,499 - Leaders Circle**

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Size, Tim	Rural Wisconsin Health Cooperative
Troy, Peggy	Children’s Hospital of Wisconsin
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Dietsche, James	Bellin Hospital
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(continued on page 10)

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Budd, Aaron SSM - St. Mary's Hospital - Janesville  
Collins, Sherry Wisconsin Hospital Association  
Curran-Meuli, Jane Holy Family Memorial, Inc.  
Dexter, Donn Mayo Clinic Health System - Eau Claire  
Gustafson, Sara UW Health  
Hartberg, David Gundersen - Boscobel Area Hospital and Clinics  
Kulick, Steven Marshfield Clinic Health System  
Larson, Margaret Ascension Mercy Hospital  
Lux, Teresa Froedtert & MCW Community Memorial Hospital Campus  
Marquis, Stephanie Wisconsin Hospital Association  
McNally, Maureen Froedtert & The Medical College of Wisconsin  
Nelson, James Fort HealthCare  
Peterson, Doug AdventHealth Durand  
Roesler, Bruce The Richland Hospital  
Shorter, Tom Godfrey & Kahn, SC  
Sprecher, Lon Consultant  
Turney, Susan Marshfield Clinic Health System  
Voelker, Thomas Aspirus Riverview Hospital & Clinics  
Williams, Janice WHA Information Center

**Contributors ranging from \$1 to \$499**

Albin, James ThedaCare  
Barakeh, Romeo Ascension St. Michael's Hospital

Bayer, Tom HSHS St. Vincent Hospital  
Borchert, Barry Reedsburg Area Medical Center  
Brenner, Holly SSM Health - St. Agnes Hospital  
Byrne, Frank SSM - St. Mary's Hospital  
Cliffe, Elizabeth Ascension Wisconsin  
Competente, Brian WHA Information Center  
Copas, Roberta Marshfield Medical Center - Ladysmith  
Culotta, Jennifer SSM - St. Clare Hospital & Health Services  
Decker, Michael Divine Savior Healthcare  
Dux, Larry Froedtert & MCW Community Memorial Hospital Campus  
Fleurette, Laurie Wisconsin Hospital Association  
Froemming, Lisa Columbia St. Mary's Hospital - Milwaukee  
Garibaldi, Isabelle Watertown Regional Medical Center  
Hermel, Cindy Aspirus Wausau Hospital  
Jensema, Christine HSHS - Eastern Wisconsin Division  
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Loy, Michael North Central Health Care  
Luskin, Ronald SSM - St. Mary's Hospital  
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McCawley, Thomas Beloit Health System  
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Neve, Randy Marshfield Clinic  
Page, Alison Western Wisconsin Health  
Peirick, Marcie Watertown Regional Medical Center  
Roundy, Ann Columbus Community Hospital  
Rude, Nels The Kammer Group  
Sanders, Michael SSM Health - Madison  
Selvick, Carl Fort HealthCare  
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