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EDUCATIONAL EVENTS

March 13 & 14, 2020
Physician Leadership Development Conference
 Kohler, WI

March 18, 2020
Advocacy Day
 Madison, WI

Visit www.wha.org for more educational opportunities



Registration Now Open for Advocacy Day

Registration is live for Advocacy Day! Click [here](#) to register today!

As in past years, WHA's Advocacy Day 2020 has a great lineup of speakers, including opening keynote [Frank Sesno](#). Sesno is an internationally-recognized journalist with more than 30 years of experience reporting from around the world. Well-known as a television anchor, White House correspondent and talk show host with CNN, he is also a nationally-renowned moderator who has engaged some of the world's leading personalities.

The day will also include the always-interesting and popular legislative panel discussion and Governor Tony Evers has been invited to offer a luncheon keynote address.

Attendees also have the special opportunity to meet with their legislators and/or Capitol staff – all attendees are encouraged to do so, as these meetings greatly help WHA with its policy mission. Specific time is set aside in the afternoon for these meetings, and WHA assists with scheduling the visits.

NEW THIS YEAR: Join us for a Quality Advocacy Showcase in the Capitol Rotunda to learn about and support the great quality improvement work of Wisconsin hospitals in delivering nation-leading, high-value health care. Learn more about the opportunity to take part in the Showcase [here](#).

While there is no registration fee to participate in Advocacy Day, pre registration is required. WHA encourages and invites hospital CEOs, CFOs, managers, nurse executives, quality managers, hospital volunteers, hospital trustees, WHA HEAT grassroots members, Partners of WHA members, WHA corporate members and any other hospital staff interested in helping to shape the future of health care in Wisconsin communities to attend.

WHA Testifies in Support of Physician Assistant Licensure Bill

Physician societies express criticism of bill intent and PA practice preparation

WHA testified in support of [SB 515](#), legislation establishing a new physician assistant licensure statute championed by the Wisconsin Academy of Physician Assistants, at the state Senate Committee on Elections, Ethics, and Rural Issues on Jan. 15.

Under the bill, physician assistant staffing ratios and physician presence licensure requirements would be eliminated, but physician oversight of individual physician assistant practice would be retained in the licensure statute either through employment or a written collaborative agreement.

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The bill also addresses inconsistent physician assistant delegation provisions that are a barrier to efficient team-based care.

“Advancing team-based care delivery and best utilization of Wisconsin’s health care workforce to advance high-quality, accessible health care are key priorities for WHA’s member hospitals and health systems,” said Ann Zenk, WHA vice president workforce and clinical practice to the committee.

“We appreciate the Wisconsin Academy of Physician Assistants efforts to seek our input on their proposal as early as 2018 and their work to address our concerns and recommendations which have been incorporated into this bill.”

Eric Elliott, PA-C, Wisconsin Academy of Physician Assistants (WAPA) advocacy chair, thanked WHA during his testimony for WHA’s work to help WAPA improve the bill to both preserve quality safeguards and limit regulatory complexity for physician assistants and their employers.

Matthew Stanford, WHA general counsel, shared with the committee the input WHA received from its members, including the WHA Physician Leaders Council made up of hospital and health system CMOs and other physician leaders, on the unnecessary burden current Medical Examining Board rules governing physician assistant staffing ratios and physician presence requirements place on physician assistants, physicians, hospitals and health systems. Following discussions by the WHA Physician Leaders Council starting in 2018, the council in October 2019 reviewed and approved of the current version of the bill.



“The end result was that we are comfortable in supporting this bill as a good balance of reducing the regulatory burden on PAs, physicians, hospitals and health systems, while also preserving the important role of physicians in a team-based care delivery model and other safeguards to preserve high-quality care in Wisconsin,” Stanford said.

Jonathan Truwit, MD – a member of WHA’s Physician Leaders Council – shared a similar analysis of the bill and described his professional observations on physician assistant practice in his testimony supporting SB 515. Dr. Truwit is also Enterprise Chief Medical Officer, Froedtert Health and the Medical College of Wisconsin.



He said that as a practical matter he sees the quality and knowledge of physician assistants and nurse practitioners as interchangeable, yet Wisconsin’s licensure law creates additional regulatory burdens impacting utilization of physician assistants that do not apply to nurse practitioners.

Other physicians and physician professional societies testified and registered opposition to the bill.

Joanna Bisgrove, MD, speaking on behalf of the Wisconsin Medical Society, testified in opposition to the bill.

She suggested that a motive behind SB 515 is to enable hospitals to save money by requiring clinical physicians to supervise more physician assistants, which would place additional, unpaid responsibilities on physicians.

She said that post-Act 10, she became the main breadwinner in her family and that adding additional supervisory responsibilities to her already busy clinical practice would be untenable.

State Sen. Kathleen Bernier (R-Chippewa Falls), chair of the Senate committee hearing the bill and lead Senate author of SB 515, responded to Dr. Bisgrove’s motive suggestion as “reaching for anecdotes.”

Rather than adding to physician burden, Stanford said that the bill’s language regarding employed physician assistant oversight is similar to federal CMS requirements regarding oversight of physician assistants and should enable hospitals and health systems to

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utilize physician administrators, such as department chairs, to fulfill the physician oversight role in the bill rather than physicians generally.

He said that this is an important clarification that should reduce, not add to, physician practice burden.

Tara Streit, PA-C, immediate past president, Wisconsin Academy of Physician Assistants, added that concerns that the bill would enable hospitals to “run amok” and place new burdens on physicians was “disingenuous.”

“Wisconsin already has no physician supervision ratios for nurse practitioners and no one has raised concerns with that,” Streit said. “Raising that as a concern in regards to [this bill] seems disingenuous.”

Bud Chumbley, MD, CEO, Wisconsin Medical Society, also testified in opposition to the bill. He expressed personal concerns with the quality of “freshly-trained” physician assistants and nurse practitioners and also was specifically dismissive of Dr. Truit’s perspectives on physician assistants and this bill.

Dr. Chumbley did suggest, however, that the bill could potentially be “tweaked” to address physician assistants immediately coming out of training.

Special Needs Dental Patients Work Group Learns about DHS Dental Initiatives, Mulls Hospital Reimbursement

The potential to re-establish a post-graduate residency in hospital dentistry in Wisconsin is closer to reality due to a new Oral Health Workforce grant recently awarded to the Department of Health Services (DHS) by the Health Resources and Services Administration. At its Jan. 8 meeting, WHA’s Work Group on Special Needs Dental Patients heard from Marisa Voelker, oral health workforce coordinator at DHS, about the grant. The grant’s objective is to develop a plan to introduce a post-graduate program (known as a general practice residency program) in Wisconsin. Wisconsin has been without such a program since the closure of the Max Pohle Clinic at UnityPoint Health Meriter hospital in 2015.



From left: Nicholas Di Meo, Pam Fraser, Dr. Russ Dunkel, Marisa Voelker

A general practice residency is a key opportunity for dentists to obtain advanced training in hospital-based dentistry, including treatment of patients with special needs who may need to receive their dental care in a hospital operating room under general anesthesia. DHS will convene a task force this spring which will include a variety of stakeholders, including a WHA representative, to develop recommendations for implementing the general practice residency program. The goal is to have at least one hospital identified in Wisconsin by 2023 to serve as sponsor for the residency program.

Pam Fraser, director of oral health services at Children’s Wisconsin, described the Milwaukee County Oral Health Task Force’s efforts to design a system in Milwaukee County to improve access to oral health care for patients with special needs. A key part of that effort is accurately identifying the number and location of patients who need access to general anesthesia dental care so the system can be scaled to their needs. DHS assisted in identifying these patients by running data on the number of dental care episodes provided in a year to Supplemental Security Income recipients on Medicaid. Nicholas Di Meo, DHS’ Southeast Wisconsin Medicaid policy advisor, asked the work group for feedback on the preliminary data and whether it reflects what they are seeing in their facilities.

The work group also heard from State Dental Director Dr. Russ Dunkel on DHS efforts with the federal Center for Medicare & Medicaid Services (CMS) to gain approval for Medicaid reimbursement increases targeted to dental patients with special needs. WHA will continue to work closely with DHS on implementation of this important reimbursement improvement that will expand access to these services.

For further information on WHA’s efforts to improve dental access for underserved patients in Wisconsin, contact WHA Vice President for Policy Development [Laura Rose](#).

Guest Column:

Right Technologies can Help Ease Workforce Woes in Health Care

By Tom Still, President, Wisconsin Technology Council and co-founder of the Wisconsin Healthcare Business Forum

As a new year unfolds and employers in all business sectors ponder how to make 2020 successful, the task of finding, training and keeping enough workers is often at the top of the list.

Health care is no exception to the “new normal” of building a workforce. In fact, it may be more susceptible to a double-edged demographic sword than other industries.

Not only are people who work in health care growing older along with the rest of us, the general aging of society means there are more seniors in need of care at precisely the same time many well-trained medical providers are nearing retirement age themselves.

Confronting workforce demands in health care was the topic of a December report by the Wisconsin Hospital Association, as well as a common theme in four focus group discussions held in October and November by the Wisconsin Healthcare Business Forum. The findings point to the need for health care to get smarter about how it finds and retains a skilled workforce, and the need to make better use of technology to confront worker shortages while enhancing quality to containing costs.

The Wisconsin 2019 Health Care Workforce Report is an annual WHA effort to chart supply and demand within the industry, examining employment trends within specific medical professions and forces driving the need for care. Simple population math is chief among the reasons why demand for health care services is expected to increase. The number of people 65 and older in Wisconsin is predicted to grow by 48% by 2032 – and the number of people 75 and older by 75%. Older people generally require more care, especially if they’re touched by chronic diseases.

Curbing obesity, improving blood pressure control, controlling cholesterol and glucose levels and clamping down on smoking help manage health for people of all ages. With longevity, however, comes a different set of health care challenges – especially in cases where long-term care becomes necessary, and in situations when mental health needs are more acute than the physical. There are important differences between rural and urban care settings, as well.

The WHA report showed the number of open jobs in health care rivals the vacancy rate in any industry, and particularly in those medical professions considered entry level or requiring less training. “Vacancy rates for CNAs returned to double digits in 2018, and these rates are even higher in post-acute care settings,” the report noted. The top five vacancy rates for the studied year were within the ranks of CNAs, nurse practitioners, licensed practical nurses, surgical technicians and physician assistants.

In small-group discussions held by the Wisconsin Healthcare Business Forum, salary competition and the need for 24-7 staffing were described by participants as reasons why it can be hard to find and keep CNAs. As one focus group member in Marshfield said: “(CNAs) sometimes can get paid more and work better hours at a fast-food restaurant. People have choices.”

Focus group participants in Marshfield, Reedsburg, Milwaukee and Wauwatosa included people who worked in health care but also patients, employers who provide health insurance, community leaders and more. All agreed the competition for workers is stiff and not likely to get much better absent an unwelcome economic downturn.

That’s where technology and innovation entered the focus group discussions as well as the WHA workforce report. In Marshfield and Reedsburg, it wasn’t surprising to hear how telemedicine was delivering important services to patients in rural areas while holding down transportation and labor costs associated with travel time. It was more revealing to hear how telemedicine is helping in urban neighborhoods, particularly in terms of behavioral health, prevention and basic access.

A rising concern: Use of electronic health records has helped patients learn more about their own care, but physicians and other practitioners report they sometimes feel tethered to the computer screen ... to the point of sacrificing face-to-face time with patients. The WHA report recommended “more effective and efficient use of technologies” while pinpointing areas where “burdensome regulations and documentation requirements ... drain the health care workforce and create barriers to recruitment and retention.”

Statistically, Wisconsin is a state that can boast of high-quality health care. Tech-based companies can build on that reputation through innovation that ranges from diagnostics to therapeutics to better EHRs to cost-containing systems. As workforce pressures increase for Wisconsin health care, making better use of homegrown solutions should help.

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In Trend Similar to WI's Experience, Medicare Underpayments Worsen Nationally

The American Hospital Association's (AHA) most recent hospital survey shows that the nation's hospitals are facing government reimbursement shortfalls similar to those experienced by Wisconsin's hospitals and health systems.

AHA's Annual Survey of Hospitals for 2018 – the survey of more than 6,500 hospitals nationwide – collects data on an extensive array of topics, including government [underfunding of medical services](#). The latest AHA results show that in 2018 Medicare underpaid hospitals by nearly \$57 billion compared to underpayments of \$54 billion in 2017. A previous WHA survey of Wisconsin hospitals and health systems showed that Medicare underpayments grew from \$2.2 billion in 2017 to \$2.5 billion in 2018. Wisconsin hospitals' uncollected bad debt also grew from \$215 million in 2017 to \$228 million in 2018. WHA has been closely monitoring the implications of Wisconsin's aging population on hospitals, as more Wisconsinites are shifting from commercial health insurance to Medicare, leading to hospitals caring for more patients at rates that do not cover the full cost of care.

Wisconsin's Medicare and Medicaid reimbursements continue to lag well behind national averages, with Medicare paying Wisconsin hospitals roughly 73 cents for each dollar of care provided and Medicaid paying just 67 cents on the dollar. Nationally, Medicare paid about 87 cents for every dollar of care and Medicaid paid about 89 cents. This failure by the government to pay the full cost of care results in a hidden health care tax on everyone else, creating a cost shift in the form of higher health insurance premiums for businesses and individuals.

Despite these challenges, Wisconsin continues to have nationally-recognized high-quality care. Additionally, WHA-led initiatives like the disproportionate share hospital (DSH) Medicaid program have helped improve these deficits. In the most recent state budget, WHA secured an increase of nearly \$50 million annually (a 73% increase) in Wisconsin DSH payments and an increase of nearly \$5 million annually (an 800% increase) in rural critical care payments (for certain rural hospitals that do not receive DSH). WHA will continue to advocate aggressively in Madison and Washington, D.C. to inform lawmakers on how they can reduce the hidden health care tax and help support Wisconsin's ability to access high-value, high-quality health care.

Registration Now Open: Join WHA for AHA's Annual Meeting April 19-21

WHA invites you to join fellow Wisconsin hospital and health system leaders at the upcoming American Hospital Association (AHA) Annual Meeting, April 19-21 at the Marriott Marquis in Washington, D.C.

The AHA Annual meeting provides insightful programming and is a great opportunity for networking and to have your voice heard on Capitol Hill. In addition, WHA hosts several Wisconsin-specific events, including an issues briefing luncheon, a members-only dinner, and WHA-scheduled Hill visits with Wisconsin's members of Congress.

WHA's issues luncheon and member dinner will be held on Monday, April 20, followed by our Capitol Hill lobby day on Tuesday, April 21. This is a great opportunity to share personal stories about how your hospital fits into the bigger picture of important federal health care policies. WHA briefs attendees on issues and facilitates all Hill meetings on your behalf. The best way for our Congressional leaders to understand how their votes impact health care delivery at home is to hear directly from YOU.

If you are interested in attending this year's meeting, contact WHA Director of Federal & State Relations [Jon Hoelter](#). You may also visit [AHA's website](#) for more details on AHA programming and registration information.



Planning for the First Association Meeting in 1920

An article appearing in several newspapers across the state ran prior to the first meeting of the Association's Sept. 16-17, 1920 meeting at the Pfister Hotel in Milwaukee.

The Article: Organization of Hospitals of State Planned



The Sheboygan Press
Sep. 11, 1920

"As a result of the Milwaukee Hospital Conference, held in Milwaukee a year ago, at which all Milwaukee hospitals were represented, a much larger organization which will include all state hospitals, is being planned by hospital boards and superintendents.

A meeting of representatives of all hospitals in the state will be held in Milwaukee at the Hotel Pfister Sept. 16 and 17. It is expected that every hospital in the state will be represented as the new association to be formed will be entirely non-sectarian and for that reason will be representative of the state. The state association when formed, will be a geographical unit of the American Hospital Association, which will meet in Montreal on October 4, and which will have among its delegates, several Wisconsin representatives who will be elected at the September meeting in Milwaukee.

The committee arranging for the convention includes Rev. Herman Fritschel, Milwaukee hospital; Miss Gertrude Borland, Hanover hospital; Miss Gertrude McKee, Milwaukee Children's hospital; Dr. C. W. Munger, Columbia hospital and Arthur F. Belitz, Maternity hospital.

The main idea of the association will be to better the hospitals and their working conditions, by having annual meetings at which every hospital will be represented, frequent bulletins or possibly a regular publication. Such important points as adequate pay to hospitals for service in caring for workmen's compensation cases, maintenance of nursing standards, state subsidization of hospitals doing charity work, and other like points, will be covered in the work of the association.

Co-operative procedures such as buying, training school affiliations, training of laboratory and X-ray technicians, and record clerks, will also receive attention.

An attractive program will be given with a banquet on the evening of Sept. 16 at which Judge A. C. Backus will be the toastmaster."

The badge shown is from one of the planners, Arthur F. Belitz. Arthur represented Maternity hospital and was a lawyer in the Milwaukee area.

And this, *The Valued Voice*, is one of the regular publications they planned for 100 years ago.



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