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EDUCATIONAL EVENTS

February 20, 2020
New State Law on Medicaid Reimbursement for Telehealth
 Webinar

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

March 18, 2020
Advocacy Day
 Madison, WI

Two WHA-Supported Bills Signed into Law

Governor Tony Evers signed two WHA-supported bills into law Feb. 5, continuing WHA’s successful advocacy for proactive, bipartisan health care legislation during the 2019-20 state biennial session.

Utilization of Advanced Practice Providers to Activate Patient Advance Directives-Based Care (Act 90)

Developed and advanced by WHA, [Assembly Bill 287](#) addresses a regulatory bottleneck in Wisconsin’s health care workforce that results in unnecessary delays in acting upon a patient’s advance directive wishes for treatment. The new law, which was enacted as [2019 Wisconsin Act 90](#), helps address these delays by recognizing the education and training of nurse practitioners and physician assistants to make the medical diagnoses necessary to activate the patient’s written medical wishes. Under the law, a physician must still confirm the diagnosis, and a patient retains the option of requiring two physicians to complete any needed assessments.



Governor Tony Evers shows newly-signed Act 90, a WHA-led bipartisan policy success.

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WHA’s Support of Physician Assistant Reform Bill Helps Move Legislation Forward

The Assembly Health Committee held a public hearing Feb. 5 on legislation reforming Wisconsin’s statutes and regulations pertaining to the licensure of physician assistants. The legislation, [Assembly Bill 575](#), has already received action in the State Senate with a public hearing held earlier this year, and is expected to receive bipartisan approval in Assembly Health next week.

Assembly Bill 575 creates a new physician assistant licensure statute and addresses inconsistent physician assistant delegation provisions that are currently a barrier to efficient team-based care. Under the bill, physician assistant staffing ratios and physician presence licensure requirements would be eliminated, while retaining physician oversight of individual physician assistant practice either through employment or a written collaborative agreement.

WHA provided in-person testimony to the committee, in addition to [written comments](#).

“WHA has had a history of developing and pursuing legislation to reduce unnecessary regulatory complexity and burden impacting modern, team-based care models while also preserving safeguards to preserve Wisconsin’s high-quality care, including

(continued on page 2)



legislation that removes outdated regulations limiting physician assistant and nurse practitioner practice,” WHA General Counsel Matthew Stanford and WHA Vice President, Workforce and Clinical Practice Ann Zenk said in remarks to the committee.

Stanford and Zenk continued by saying the final version of the legislation is “a good balance of reducing regulatory burden on physician assistants, 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.”

In testimony to the committee, Representatives of the Wisconsin Academy of Physician Assistants publicly commended the “much-

appreciated cooperation from the Wisconsin Hospital Association” to achieve consensus on final bill language.

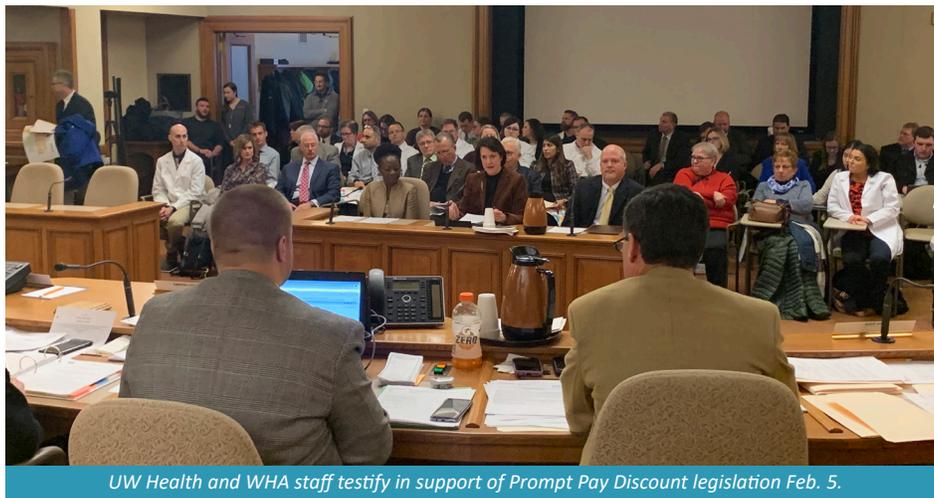
WHA expects Assembly Bill 575 to be amended, with WHA’s support, during the committee’s executive action on the bill next week. The State Assembly is set to act the week of Feb. 17, in what many expect to be the last floor period for the Assembly before adjourning the 2019-20 legislative session.

WHA, UW Health Support Bill Clarifying State Law on Prompt Pay Discounts, One Health Insurer Association Opposes

WHA staff and members testified before the Assembly Health Committee this week in support of [Assembly Bill 841](#), bipartisan legislation to clarify in Wisconsin law the ability for health care providers to offer prompt-pay discounts on cost-sharing amounts, such as coinsurance and deductibles owed to a provider.

WHA Senior Vice President Finance/ Chief Operating Officer Brian Potter, and Attorney Laura Leitch joined UW Health Vice President Revenue Cycle Abigail Abongwa testifying in support of AB 841 in what is expected to be one of the final meetings of the Assembly Health Committee before the full State Assembly adjourns later this month.

A bipartisan group of lawmakers, including Reps. John Nygren (R-Marinette) and Deb Kolste (D-Janesville), and Sens. Dale Kooyenga (R-Brookfield) and Jon Erpenbach (D-West Point), released a memo last week asking their colleagues to sign onto the legislation. In their memo, lawmakers recognized a 2004 Wisconsin Attorney General opinion stating that if certain conditions are met, prompt-pay discounts are allowed under Wisconsin law.



Nygren was joined in public testimony on the bill by his Democratic colleague and co-lead author Kolste, discussing the increase in out-of-pocket costs for patients. “These increasing out-of-pocket costs are not only a significant burden on consumers to pay, but also a cost to the provider to be able to collect,” Nygren said. In Kolste’s testimony to the committee, she stated the “legislation helps ease the burden of [patients and health care providers] by providing common-sense administrative efficiencies.”

Nygren and Kolste said that AB 841 is intended to clarify what was recognized by the 2004 Wisconsin Attorney General opinion, as there have been different interpretations of this opinion and its corresponding state statute, which has served as a barrier for some health care providers to offer discounts to patients.

(continued on page 3)

(WHA, UW Health Support Bill Clarifying State Law on Prompt Pay Discounts . . . continued from page 2)

WHA's Leitch provided the committee with background to the relevant Wisconsin statutory provision and the original intent of that provision. Leitch also discussed letters exchanged between a legislator and the Wisconsin Attorney General in 2004. In his letter, the legislator made the point that a prompt-pay discount would not be the health care provider offering an inappropriate inducement for the patient to receive health care services, but rather an inducement for the patient to pay the bill in a timely manner, thereby reducing collection costs.

In addition, Leitch discussed the federal Anti-Kickback Statute, an AKS safe harbor, and a U.S. Department of Health and Human Services Office of the Inspector General Advisory Opinion from 2008 that described the safe harbor conditions and other features that would allow the requesting health care provider to implement a prompt pay discount program for the purpose of more successful bill collection.

"Research has shown that a large medical bill or even the perception of a high dollar amount owed can feel overwhelming, and many patients consider putting off seeking treatment to avoid paying a high price," UW Health's Abongwa said. "Unfortunately, the high price comes either way because patients who put off seeking medical care could end up in more costly emergent situations down the road.

"This cycle is far from ideal and is why I believe Assembly Bill 841 can help. It will encourage patients to pay their out-of-pocket expenses, and if they do, will eliminate the hassle and expense of the collections process due to lack of payment," Abongwa said.

Representatives for the Wisconsin Association of Health Plans testified "For Information Only," although their comments objected to provisions in the bill as drafted. The Association recommended statutory language that would only allow providers to offer a discount once a patient has not paid after 90 days of service and suggested additional requirements that do not align with federal guidance related to provider prompt-pay discount policies.

The Alliance of Health Insurers, another large Wisconsin health insurance trade association representing both national and state-based insurance companies, has remained neutral on the legislation.

Risk to WI Public Remains Low as State Confirms First Coronavirus Case

The evolving picture of coronavirus changed Feb. 5, with the [first confirmed case](#) of 2019 novel coronavirus in Wisconsin. What hasn't changed is the Wisconsin Department of Health Services' (DHS') assessment of the risk to the general public for contracting the virus; that risk remains low for Wisconsin citizens.

The national and global picture of coronavirus continues to evolve. On Feb. 3, the Centers for Disease Control and Prevention (CDC) released [updated infection prevention and control guidance](#) for people under investigation or with confirmed 2019-nCoV in health care settings. The World Health Organization reports 28,200 global cases and over 560 related deaths. In the U.S., 12 people have tested positive for the virus, there are 167 negative results and 82 tests are pending. Six states have confirmed cases, and 36 states have patients under investigation. Wisconsin's DHS [Outbreaks and Investigations](#) page is updated daily. For the 14 Wisconsin people under investigation including the single confirmed positive, seven tests were negative and six tests are pending.

The continued low risk of transmission relies on implementing actions to prevent exposure and relies on something Wisconsin hospitals, health systems and providers are already doing during this and every flu season: instructing patients and visitors to cover their coughs, wash hands frequently and wear a mask when seeking medical care for respiratory illnesses. DHS and CDC resources provide additional specific guidance for measures to take and preparation needed. Health care providers should contact the DHS Department of Public Health at 608-267-9003 for consultation and approval of 2019-nCoV testing for patients identified as at risk for 2019 novel coronavirus.

Wisconsin hospitals and health systems stand ready to protect our patients, our workforce and our communities, and WHA is committed to working with our members and public health leaders to support their efforts. Now is the time to complete training and ensure readiness, even as we hope prevention efforts avert the spread of 2019-nCoV in our state. WHA will remain in close contact with DHS and provide updates when new or important information becomes available.

Contact WHA Vice President of Workforce and Clinical Practice [Ann Zenk](#) with questions.

Don't Miss the 2020 PAC Breakfast at WHA's Advocacy Day

With special guest Representative John Nygren



Rep. John Nygren

The Wisconsin Hospitals State PAC & Conduit kick-off breakfast will take place the morning of Advocacy Day at 8 a.m. at Madison's Monona Terrace with special guest Rep. John Nygren (R-Marquette). Nygren is the co-chair of the Legislature's budget-writing Joint Committee on Finance. He was also awarded WHA's Health Care Advocate Award at Advocacy Day in 2015.

The event is invite-only for individuals who contribute a minimum of \$250 to the Wisconsin Hospitals State PAC or Conduit by March 18. For those of you who have attended in previous years, you know it's a great event to network with your peers while enjoying a full breakfast before the official start of Advocacy Day at 9 a.m.



To attend this invite-only breakfast, make your 2020 contribution today online at www.whconduit.com or by calling Nora Statsick at 608-239-4535 or Kari Hofer at 608-274-1820. RSVP via email to Nora or Kari.

Register Now for Advocacy Day, March 18

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.



Frank Sesno

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 impressive 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](#).

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.

Health Plans and Business Groups Push Back Against CMS Insurance Transparency Rule

Health insurance plans and business groups expressed their concerns with the CMS-proposed "Transparency in Coverage" rule, which would require insurers to post negotiated rates. As covered in a [previous *The Valued Voice* article](#), CMS proposed the rule at the same time it finalized a similar rule requiring hospitals to post many of the same requirements. With the comment period closing last week, several groups voiced their opposition to requiring these new mandates on insurers.

In its [comment letter](#), America's Health Insurance Plans (AHIP), a national insurance lobbying group, voiced concerns the rule would not advance key consumer goals, and is overly prescriptive and unnecessarily broad. Echoing concerns WHA and other provider groups expressed about the proposed rule for hospitals, AHIP described the mandates in this proposed rule as excessively burdensome and questioned whether CMS is overstepping its legal authority.

Business groups also joined in expressing concern. The Business Group on Health, which represents large employers, and the American Benefits Council both sent comment letters noting the significant burden the proposal could have on employers if finalized in its current form.

For more information, contact WHA Director of Federal & State Relations [Jon Hoelter](#).

Legislative Profile: Rep. Kalan Haywood II (D-Milwaukee)

District: 16th Assembly District – elected in 2018.

Personal: Born Milwaukee, WI, June 5, 1999; single. Attending Cardinal Stritch University (B.A. Business Administration)

It would be easy to focus on just one aspect of freshman State Assembly Rep. Kalan Haywood II and stop there: his age. Elected at age 19 to the Assembly in November 2018, Haywood is one of just three under-20s in the nation who won a state office race that cycle. And when he came to the Capitol to settle in, folks couldn't resist grabbing a picture of Haywood with the state legislature's oldest legislator: Sen. Fred Risser, who was 91 on Inauguration Day.



Rep. Kaylan Haywood

But when you sit down to talk with Haywood you quickly learn that his perspective is a bit more mature than that of the more typical college undergrad deciding whether to order dinner from Uber Eats or hop on a scooter and careen down the street to the campus hamburger joint. For example, prior to jumping into the 2018 race for an open State Assembly seat, Haywood did his homework.

“Before I ran for office, I actually called some of my colleagues into a meeting individually and said ‘Hey – I’m probably running for state rep. in this next cycle – what should I expect?’” Haywood explained recently in his State Capitol office. “And you know, the meetings went well – but they told me about 15% of what the experience is like around here, and the rest of the percent I experienced by myself.”

Haywood joined what turned out to be a five-person Democratic primary, besting the second-place finisher – the son of Congresswoman Gwen Moore – by 245 votes out of about 6,200 votes cast. He was unopposed in the general election, then hired another primary opponent to run his Capitol office. But no matter what the experience a candidate has before being elected, entering the State Capitol fray can be a jolt – perhaps especially when joining a caucus deeply mired in the minority: of the 99 seats in the State Assembly, Haywood is one of just 36 Democratic members.



Sen. Fred Risser with Rep. Haywood

“So the biggest surprise, truthfully, is how bad the partisan divide is,” Haywood said. “Some days it’s not that bad. Some days it’s non-existent, actually; some days we’re cool. But some days it gets a little messy and usually it’s not things we’ve done that we’re messy about – it’s things like ‘are we going to call it the Christmas tree or the Holiday tree’, you know?”

While a wide-ranging, unhurried conversation with Haywood shows how serious he is about important topics, there are still reminders that he’s firmly a member of Generation Z – such as describing his membership on the Assembly Committee on Veterans and Military Affairs as “super dope, because I come from a family of vets.” But while his vernacular can lean toward a more youthful side, a philosophical decision he faced soon after joining the Assembly revealed mature decision-making.

It’s perhaps simplistic, but a legislator in the minority deciding how to go about legislative business faces two general paths: one leads to being a partisan firebrand, believing that the role is to be a vocal and strident voice objecting to the majority party’s agenda. The other path is more low-key, and possibly more difficult: divining how to make legislative accomplishments by reaching out to the other side of the aisle to give input and seek support.

Haywood chose the latter path. When asked about his relationships with majority Republicans, he quickly listed numerous State Assembly leaders with whom he has built relationships, including the two most powerful members of the State Assembly: Assembly Speaker Robin Vos and Majority Leader Jim Steineke.

“So I try to keep relationships on the other side of the aisle because I think it’s super-important,” Haywood said. “Representative Steineke – definitely; we talk maybe once every couple weeks and the meetings are always good – they’re never tense meetings. I tell him what I’m working on and ask if he can help with it.

“I try to make sure we can bridge the divide and not polarize anybody,” Haywood said. “I want to make sure we’re bringing people together.”

For Rep. Steineke, his young colleague has shown to be someone he’s keeping an eye on.

“For a new, up-and-coming member of the Assembly, I have to give Rep. Haywood a lot of credit for the thoughtful approach he brings to legislating,” Steineke said. “His willingness to reach out to folks from across the aisle is a standout reminder about how we can all work together in times of divided government.”

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(Legislative Profile: Rep. Kalan Haywood II . . . continued from page 5)

Haywood credits his age for that attitude.

“I came into office like ‘hey, let’s get some stuff done – how are we gonna get it done?’ Haywood said. “I think that has got me into the rooms where I can handle times with other people who usually in the media you’d assume I don’t get along with. Even people that don’t agree at all – like on anything,” he said, chopping the air in parallel to his desktop. “I still want to dialogue and be reasonable and level-headed, and I might have an hour-long meeting and think everything you’re saying is crap, but we have an adult conversation and then after the meeting we’ll talk about books,” he said, laughing.



Rep. Haywood testifying w/Rep. Dan Knodl on AB 699

That willingness to engage with others who may fundamentally disagree on some issues is rooted in Haywood’s desire to do what he was elected to do: represent his district.

And that service to his constituents comes with flair. Early into his term he started referring to his Milwaukee district as the “Sensational 16th” – using the phrase early and often in his various social media accounts. The origin of the phrase is interesting, as it’s rooted in the differing elements of the district itself. On one end is a booming downtown district teeming with new development, while the other end

includes some of Milwaukee’s highest poverty and crime rates. Those differences within the district, Haywood says, are a major part of what makes the 16th sensational.

“I think my district is full of good and bad, some pretty and some not so pretty,” Haywood said, continuing the explanation. “I think it’s the epicenter of Wisconsin, a district with some great things. The Fiserv Forum downtown – that type of development is booming and areas nearby where real estate is high.

“There are also some areas that are more challenging in the district – 53206 with high population rates of black males who look just like me,” Haywood said. “So know that within all that good and all that bad, all that pretty and not so pretty, I believe that’s what makes it sensational. I think that nothing’s perfect, but we can work to get there. I think there are people who are willing to work to get there, people who are willing to commit to get there.”

Haywood’s commitment to the district includes issues challenging to many in his district: personal safety, fighting to emerge from poverty and accessing affordable health care.

“Some don’t know how to sign up for health care,” Haywood said, describing what he hears from many of his constituents. “The second issue is that if you get health care and don’t know how to use it efficiently. We need education around being proactive instead of reactive. (I tell people) ‘the emergency room is not the doctor – it’s okay to do a routine check-up; when you have insurance, that’s what it’s there for.’” Haywood says that education needs to continue.

Looking back on his first year in office, Haywood has certainly faced challenges, not the least of which is taking online college classes through Cardinal Stritch University on his way to a degree in business administration – all while attending numerous in-district meetings when he’s not fulfilling his duties in Madison. That daunting schedule has led to the realization that while he was probably already ahead of the post-teen maturity curve upon taking office, the job of representing the “Sensational 16th” has honed that maturity even sharper.

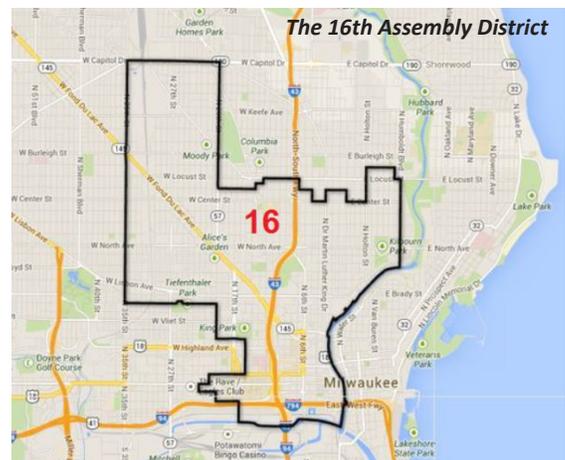
“I think that the job keeps you on your toes,” Haywood said. “I think I’ve grown as a person, definitely. I know that for a fact . . . I’m a completely different person.

“I’ve matured, you know. When I ran, I thought I knew everything – I was like, ‘I’m 18 and I know everything – there’s nothing I don’t know.’ But now, as a seasoned 20-year-old,” he said with a laugh, “I definitely think I know a whole lot more. I’ve grown for the better and when I weigh the pros and cons how this last year went there are definitely way more pros than cons.

“I do enjoy what I do. Sacrificing the normal, stereotypical 20-year-old lifestyle was definitely worth it. I get to live out my dream and get to help people make their lives better. If I could do it all over again, I’d do it again.”

Then he paused, flashed his easy smile, and sat back for one more piece of self-deprecating perspective:

“I’d probably be better at it.”



WHA Joins Voices Against Medicaid Fiscal Accountability Rule

WHA, along with the American Hospital Association, governors, counties, nursing homes and Medicaid directors across the country, recently urged CMS to withdraw its proposed Medicaid Fiscal Accountability Regulation, which could disrupt Medicaid financing and lead to budgetary concerns for the Medicaid program.

In the proposed rule, the agency said its goal was to cut down on what CMS Administrator Seema Verma has called “shady recycling schemes.” Although CMS indicated the rule was intended to “clarify” policy, the language of the proposal went far beyond, creating new definitions and uncertainty around allowable accounting practices for Medicaid. At its core, CMS gives itself flexibility to evaluate state financing arrangements, which calls into question exactly how the agency would view what have long been considered legitimate financing arrangements.

In its [letter from Jan. 31, 2020](#), WHA noted the existing partnership among multiple levels of government, health care providers, academic medical centers, and other organizations to safeguard stable funding for the Medicaid program. Even with those efforts, Medicaid generally reimburses providers less than the cost of providing care. As the aim of the Medicaid program has evolved, CMS has allowed states funding flexibility to address state-specific circumstances, which has enabled states to meet the needs of their most vulnerable populations.

“We urge CMS not to view this flexibility negatively, but rather to recognize that this flexibility has strengthened the Medicaid partnerships and the commitment to this critical program, which provides access to health care services to nearly one million people in Wisconsin,” WHA President and CEO Eric Borgerding said.

The proposed rule was open for comment through Feb. 1, 2020. CMS received 3,321 comments. WHA will continue to track developments and the potential implications for Wisconsin’s Medicaid program.

Register Today for WHA’s Physician Leadership Development Conference

WHA is once again proud to be offering the Physician Leadership Development Conference in Kohler, WI on March 13 & 14, 2020. Check out this outstanding lineup:

- Dr. David Nash headlines Friday morning. Dr. Nash is an amazing speaker, and to some, the leading expert on the role of physician leaders in providing value-based care.
- Dr. Scott Rathgaber, Gundersen Health System CEO, will discuss his physician leadership journey from clinician to the CEO suite.
- Dr. Jay Bhatt, AHA CMO, and Elisa Arespachoga, vice president of the AHA’s Physician Alliance, will lead a session on physician burnout titled “Regular or Extra Crispy? Lessons from the Field in Addressing Burnout.”
- Bill Benjamin, a scientist at the Institute for Health and Human Potential, will discuss emotional intelligence.
- Marty Martin, Director of DePaul University’s Health Sector Management MBA Program, will discuss physician performance management.
- Eric Borgerding, WHA president & CEO, will give an advocacy update during Friday’s lunch focused on key issues impacting care delivery.



In response to attendee feedback, we have added additional speakers on Friday. Saturday morning will feature two educational tracks – one for developing physician leaders and another for senior physician leaders.

Please take a few moments to review the [conference brochure](#). [Register](#) and secure your hotel room today!

Second Convention – May 25, 1921 – “Hospital Day” Resolution Endorsed

MILWAUKEE, Wis., May 25—The second annual convention of the Wisconsin hospital association opened here today. Officers will be elected tomorrow.

WHA held its second convention May 25, 1921 – just eight months after the inaugural meeting in Milwaukee on Sept. 16, 1920. A member of the American College of Surgeons attended with an interesting ask. They

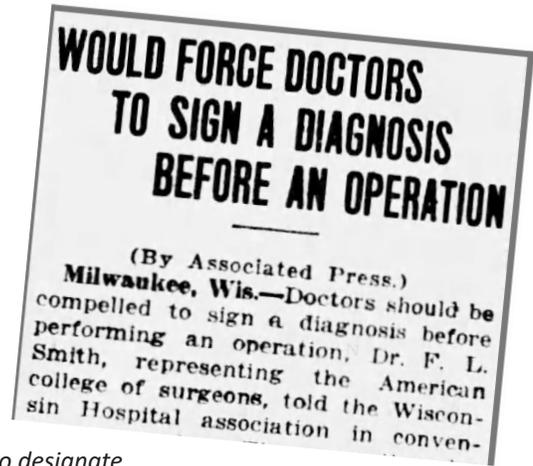
also endorsed a resolution asking for the state to designate a “Hospital Day.”

WOULD FORCE DOCTORS TO SIGN A DIAGNOSIS BEFORE AN OPERATION – Oshkosh Northwestern 26 May 1921 (by Associated Press)

Milwaukee, Wis.—Doctors should be compelled to sign a diagnosis before performing an operation, Dr. F. L. Smith, representing the American college of surgeons, told the Wisconsin Hospital association in convention here today. The convention also was addressed by Dr. A. R. Warner, secretary, American Hospital association; Dr. G. E. Ide, Muirdale, sanitorium, and Dr. Hoyt E. Dearholt. All the old officers of the association were reelected.

The Rev. H. L. Fritzsche, president of the association, in his report said there are 129 hospitals in Wisconsin with 7,570 beds, and only one, Muirdale, Milwaukee, with 350 beds. Twenty-six counties in Wisconsin have no hospital.

The association endorsed a resolution to ask Governor Blaine to designate May 12, the birthday of Florence Nightingale, as hospital day. The convention will adjourn tonight.”



Flambeau Hospital Shares Innovative Journey on Reducing COPD Readmissions

In spring 2017, Flambeau Hospital, a critical access hospital in Park Falls, WI, noticed an influx of Chronic Obstructive Pulmonary Disease (COPD) readmissions. To address this, they developed a multi-disciplinary COPD Steering Committee comprised of quality, case management, pharmacy, nursing, respiratory therapy and occupational therapy.

Over the next several months they focused on developing a COPD pathway, reviewing processes of each discipline, and developing workflows, tools and resources that were rolled out in January 2018. Their work resulted in an 85% reduction in COPD readmissions that year. Notably, they have sustained these results through 2019.



Flambeau Hospital COPD Steering Committee

On Jan. 22, 2020, WHA hosted a webinar-based learning activity for members of the Great Lakes Partnership for Patients Hospital Innovation Improvement Network. The Flambeau team was invited to share their journey of COPD readmissions improvement work. Five representatives from Flambeau’s readmissions team, Sara Bablick, PharmD, director of pharmacy; Kim Bortz, senior director of quality; Kelly Hilgart, RN manager; Kristi Arntsen, COPD educator/respiratory therapist; and Barb Maki, RN/case manager, presented to an audience of nearly 100, representing 29 hospitals and hospital systems across Illinois, Michigan and Wisconsin. Congratulations to Flambeau Hospital for a job well done!

More than 2,000 Kids Visit WI Hospital Emergency Depts. for Dental Care

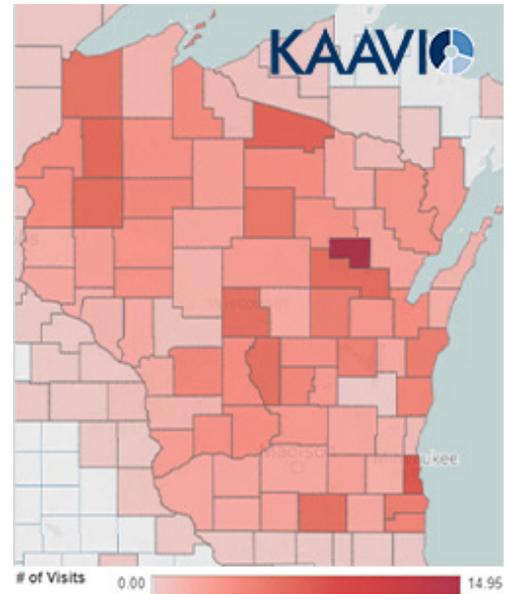


According to the WHA Information Center (WHAIC), there were 2,017 dental-related emergency department (ED) visits for children age 18 years or younger in Wisconsin between January 2018 and June 2019. WHAIC's heat map shows where

these ED visits are occurring throughout the state, using the rate per 1,000. The average total charge of those visits was \$582.

According to the Health Policy Institute, most dental ED visits are non-traumatic dental conditions and patients receive prescriptions for pain or antibiotics for infections in most instances. Patients who visit an ED with a non-traumatic dental condition would be better served in a dental office setting due to the availability of definitive care and the likelihood of continuity of care.

February is National Children's Dental Health Month, and the American Dental Association sponsors a month-long national health observance that brings together thousands of dedicated dental professionals, health care providers and educators to promote the benefits of good oral health to children, their caregivers, teachers and many others.



WONL Annual Convention for Nurse Leaders and Managers: April 15-17, 2020



The Wisconsin Organization of Nurse Leaders (WONL) will host their annual convention for current and aspiring nurse leaders and managers April 15-17, 2020 at The Osthoff Resort in Elkhart Lake. This year's convention will be a perfect combination of learning and laughter.

The conference officially starts on Thursday with author Liz Jazwiec, RN kicking things off. She will share her expertise on inspiring leaders to the next level of their careers. Jazwiec will reveal lessons she has learned about becoming a leader and provide great takeaways on techniques to improve responsibility and effective practices in creating organizational accountability. Thursday continues with a variety of speakers who will energize and inspire you.

Emmy-winning journalist and actor, Manitowoc Minute's Charlie Berens, will round out the formal presentations on Thursday. He will inspire the group with his Midwest-specific humor.

The program will conclude with a fast-paced interactive improv session by Fish Sticks Comedy. Through humor and improv they will inspire new ways for leaders to foster talent in others.

Heartfelt humor, combined with real-life examples and tactics, will leave attendees with a fresh perspective on how to engage and re-engage as a leader.

The convention includes opportunities to network and share with other nurse leaders and managers. Those who have responsibilities for leading and managing nurses will benefit from the educational agenda and are welcome. You do not need to be a nurse or a member of WONL to attend.

NEW THIS YEAR: An opportunity to have a poster showcasing your specific school or organization project. If you are interested in this opportunity, [click here to submit your project information](#).

For more information and to register [click here](#). For registration questions, contact [Sherry Collins](#) at 608-274-1820.

(Two WHA-Supported Bills Signed into Law . . . continued from page 1)

“Removing outdated regulatory barriers and allowing our advanced practice clinicians to help patients with their treatment wishes makes good sense,” WHA President and CEO Eric Borgerding said in a statement thanking Governor Evers and legislative authors for the new law. “This legislation is good for Wisconsin families, patients and providers, and it’s another in a growing list of examples of health care and elected officials working together in Wisconsin to enact sound health care policy,” Borgerding said.

The bill had bipartisan support from its inception, including Reps. Patrick Snyder (R-Schofield) and Steve Doyle (D-Onalaska) and State Sens. Howard Marklein (R-Spring Green) and Janis Ringhand (D-Evansville). The bill passed both legislative houses on bipartisan voice votes.

Harm to a Health Care Worker – Maximum Possible Criminal Penalty (Act 97)



Governor Tony Evers signs SB 163 into law as WI 2019 Act 97

Governor Evers signed into law as [2019 Wisconsin Act 97](#) a bill increasing the possible maximum penalty for intentionally harming a health care worker from a Class A misdemeanor to a Class H felony. Introduced as [Senate Bill 163](#) by State Sens. Dale Kooyenga (R-Brookfield) and Tim Carpenter (D-Milwaukee), and Reps. Gae Magnafici (R-Dresser) and Cindi Duchow (R-Town of Delafield), the bill was originally drafted to cover harm involving nurses. At WHA’s urging the proposal was amended to apply to acts committed against any licensed health care professional working in a hospital. The bill passed both houses on bipartisan voice votes.

“In the face of increasing violence against health care workers, it is encouraging that a large bipartisan group of legislators and the Governor are coming together and agree that such actions are unacceptable,” Borgerding said in a statement following the bill signing, “especially when perpetrated against the dedicated women and men who care for our families and loved ones.”

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