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WHA Board Reviews 2017 as New Issues, Goals Take Shape for 2018



Cathy Jacobson

The December WHA Board meeting presents an opportunity for members and staff to look back on the year, but set their sights on the issues that will carry forward and on those that are just taking shape for 2018.

Cathy Jacobson, president/CEO, Froedtert Health, reflected on her term as she presided over her last Board meeting as chair December 7 in Madison.

“A year goes by fast,” Jacobson noted. “Leading this Board was a fantastic opportunity marked by key accomplishments by the Board and staff.”

Jacobson noted WHA’s legislative priorities were accomplished early in the state budget deliberation process. However, it was a protracted session this year, which meant WHA had to defend those gains as other state priorities were debated.

“Sometimes the citizens, payers and employers do not appreciate what they have here in Wisconsin,” Jacobson said. “Sometimes we as members take WHA for granted, figuring they will be successful in the capitol. WHA’s influence and effect should not be taken for granted.”

Later in the meeting, Jacobson was recognized by WHA President/CEO Eric Borgerding for her leadership on the Board and for her continuing service to the Association. *(continued on page 4)*

WHA Physician Leaders Council Discusses EHR Workload; Psychiatrist Reimbursement Advocacy

The WHA Physician Leaders Council met December 5 and discussed a range of topics impacting physicians and physician practice within WHA’s member hospitals and health systems, including:

- WHA 2018 advocacy and education re: physician EHR time
- Medicaid outpatient behavioral health reimbursement
- APRN Modernization Bill
- WHA Physician Quality Academy
- WHA Physician Leadership Development Conference
- Constitutionality of medical malpractice non-economic damage cap
- 2018 MACRA/QPP changes



Steve Kulick, MD, WHA Physician Leaders Council Chair, and Chuck Shabino, MD, WHA Chief Medical Officer

Advocacy and education on EHR-related physician workload

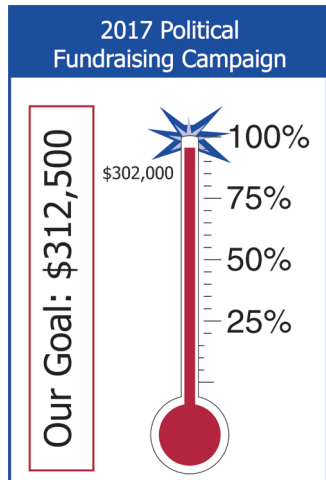
As an outcome of the October Council discussion on the UW family practice study on physician electronic health record (EHR) time burdens, the Council discussed potential WHA advocacy and educational strategies that it could advance in 2018 to address EHR-related physician workload burden.

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Political Action Spotlight

Wisconsin Hospitals State PAC & Conduit Tops \$300,000

Full contributor listing: Did you make the LIST?



The Wisconsin Hospitals State PAC & Conduit fundraising campaign surpassed the \$300,000 mark for the second consecutive year, and is still charging forward with raising \$312,500 by year's end. Over \$302,500 has been contributed to date by 320 individuals, putting the campaign at 97 percent of goal. The campaign has garnered 59 new contributors and has raised almost \$6,175 on average per week.

"The Wisconsin Hospitals State PAC & Conduit is very close to goal and I know we can get there. I urge you to personally contribute now if you have yet to do so," said WHA Advocacy Committee Chair Mike Wallace.

To date, six individuals have contributed at the Leaders Circle level of \$5,000 and above, 21 individuals at the Platinum Club Level of \$3,000-\$4,999, and 58 at the Gold Club level of \$1,500-\$2,999.

See the full contributor list on pages 11-12.

"Thank you to those who have shown such strong support for the 2017 fundraising campaign by contributing at one of these club levels," said Wallace. "Contributions large and small help to move Wisconsin's health care forward."

There is still time to make your 2017 contribution securely online at www.whconduit.com or by calling WHA's Jenny Boese at 608-268-1816 or Nora Statsick at 608-239-4535.

Dave Breitbach Honored with WHA Distinguished Service Award



Dave Breitbach

Dave Breitbach, chief financial officer, Crossing Rivers Health, was honored with the 2017 WHA Distinguished Service Award for his commendable and impactful career in health care. Dave, who unexpectedly passed away earlier this year, was a highly respected and engaged health care leader.

WHA annually pays tribute to individuals who have served the health care community and who have made an exemplary commitment to WHA, to their own organizations and to the communities they serve. WHA Senior Vice President, Finance, Brian Potter presented the award to Dave's wife and family at a beautiful event at Crossing Rivers Health in Prairie du Chien December 3.

Dave actively served on the WHA Council on Finance and Payment. Dave's knowledge and expertise in the finance area made him a go to resource not only for WHA, but also for other organizations. The state Medicaid program invited him to participate in a workgroup designed to improve reimbursement methodologies for rural providers. Dave was also very active in the Rural Wisconsin Health Cooperative CFO roundtables and in the Healthcare Financial Management Association where he shared his incredible knowledge and expertise for the benefit of others. In Wisconsin, there is a rich history of collaboration in health care and he helped foster that environment, leading by example.

Throughout his long and storied career, Dave led Crossing Rivers Health through several monumental events. In 2003, he was instrumental in converting the organization to a critical access hospital. Dave also oversaw the master facilities plan that evolved over the years to meet the needs of the community.

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His biggest accomplishment in this area came just a couple years ago with his coordination of the construction project that produced the new Crossing Rivers Health facility, which opened in June 2015.

A staunch advocate for the community, Dave collaborated with other local organizations to make sure health care services were available to meet the area's greatest needs. A prime example of this was his leadership in establishing greater behavioral health resources in their community. Dave helped create a telemedicine program using local behavioral health professionals linked to a psychiatrist, which has been very successful.

In presenting the award, Potter said Dave's leadership was evident not only to the organization and area he served, but also in the contributions he made to the broader health care community in Wisconsin.

"WHA is very fortunate that we have such committed health care leaders who work tirelessly to provide the highest quality health care to their local communities and who have engaged in making WHA one of the state's leading advocacy voices. Dave Breitbach was one of those leaders," according to Potter. "We are grateful to Dave for his impactful career in health care, his contributions to WHA, and his generous mentoring of current and future health care financial leaders. He made a lasting impact on health care in Wisconsin, and it goes without saying that he will be greatly missed."

HSHS Eastern Wisconsin Division Hospital Trustee Honored with WHA Award *Hager receives 2017 WHA Trustee of the Year*

John Hager, who has served in various volunteer capacities at St. Vincent and St. Mary's Hospitals in Green Bay for decades, received the Wisconsin Hospital Association's (WHA) 2017 Trustee of the Year Award. Hager was nominated by Therese Pandl, president/CEO, HSHS Eastern Wisconsin Division, because of his years of unwavering commitment and said of him, "John brings a special spark and vitality to the Board."

Jenny Boese, WHA vice president, federal affairs and advocacy presented the award to Hager in front of HSHS Eastern Wisconsin Division leaders and board members in Green Bay December 7.

Hager's involvement began at St. Vincent Hospital in the 1980s and now spans 30 years, including serving on past capital campaigns, the Major Gift Committee, the St. Vincent Hospital Advisory Council, the group that established the Friends of St. Vincent Hospital and much more. He has been a member of the Board of Directors since 2004, and will complete his final board term this year. Hager has been recognized for his work with the hospitals, which he says was only possible because of the exceptional colleagues at each of the organizations.

Current Board Chair Daniel Platkowski had this to say, "John Hager has a strong passion for St. Mary's and St. Vincent Hospitals...and lives his life in accordance with the core values of the hospitals. I cannot think of a more qualified individual to receive the WHA Trustee Award."

Hager is a De Pere native. He is an attorney and licensed certified public accountant, who has practiced law for 35 years. He graduated from Marquette University and Marquette University Law School. WHA will contribute \$250 to Hager's charity of choice, which is the HSHS St. Vincent/St. Mary's Foundation.



Jenny Boese, John Hager, Therese Pandl and Daniel Platkowski

WHA Offers 2018 Physician Quality Academy, May 15-16



Physicians and other advance practice providers are often assigned a role with a hospital or health system's quality department or committee, or they are asked to lead a quality improvement project. Knowledge about quality improvement tools and principles can increase the likelihood that a provider will be more successful in and

comfortable with his/her leadership role. To ensure providers have access to the training and resources necessary to lead quality improvement initiatives, WHA is offering a 2018 cohort of its WHA Physician Quality Academy.

Erik Dickson, MD, FAAFP, chief physician executive for HSHS Western Wisconsin Division, attended the Academy in 2017. "Attending the Physician Quality Academy provided the basics of quality measurement and improvement. I felt it was perfect for busy physicians to get a good understanding of quality and the importance of being involved in hospital quality committees," shared Dickson about his experience at the Academy.

Over two consecutive days of training, Academy participants learn to design and conduct quality improvement projects utilizing proven improvement models; interpret data correctly; facilitate physician colleague engagement in quality improvement and measurement; and discuss quality requirements, medical staff functions and their link to quality improvement.

The 2018 Academy is scheduled May 15 and 16 at the WHA Training Center in Fitchburg. Encourage your physicians and advanced practice providers who are involved in quality improvement to attend, and encourage them to attend as part of a dyad, bringing a nurse leader or quality improvement leader to attend with them, to further enhance the learning.

Registration is now open for the 2018 Academy. The full event agenda and online registration are available at www.cvent.com/d/mtqztx. An event brochure is included in this week's packet as well.

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"Our WHA team and I, personally, have been fortunate to have Cathy's counsel and leadership as she moved through the ranks on our Board," Borgerding said. "Cathy is a tremendous and engaged leader for us, and she has always made herself available to provide incredibly valuable input and advice."

Presidents Report: WHA achieves impressive results in 2017

WHA set aggressive goals in 2017, documented in WHA's Annual *Results* report, which was shared with Board members. As Borgerding presented the outcomes, he noted that achieving WHA's typically large plate of priorities was a monumental accomplishment made possible with assistance and input from the members.

As health reform proposals surfaced throughout the year, Borgerding noted that Sen. Ron Johnson included a provision in the Senate's ACA replacement legislation that would have recognized Wisconsin's unique approach to coverage expansion. According to some estimates, the bill, including Johnson's provision, would have delivered a net increase of \$5 billion in Medicaid funding for Wisconsin by 2026. Though the legislation failed, it was "welcome recognition of the funding inequities for non-expansion states that are baked into the ACA," Borgerding said.

Protecting Medicaid funding in the state budget was one of WHA's most significant accomplishments in 2017. Again this year, the budget Gov. Scott Walker signed into law did not include any Medicaid cuts while increasing Disproportionate Share Hospital (DSH) funding by \$64 million over the biennium. The budget also included \$1.5 million in additional Medicaid reimbursement for safety net rural hospitals, \$2 million in new grants for hospitals that train health care professionals and another \$1.5 million to expand the WHA-backed Wisconsin graduate medical education (GME) program. All were top priorities for WHA in 2017. *(continued on page 5)*

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WHA continued to define its integrated physician agenda, with input and advice from the Physician Leaders Council (PLC). A strategic plan was finalized that will provide a framework for addressing issues related to physicians who are working within an integrated health system.

Borgerding said WHA's 2017 advocacy agenda also included seeking reforms that will enable team-based care. To that end, WHA was successful in enacting legislation that clarified Medicaid's policy acknowledging both physician and advanced practice clinician orders as valid.

Using the effective blueprint set out for establishing state matching grant programs to fund graduate medical education for physicians, WHA replicated that process for other allied health professionals in the 2017-2019 state budget. It was a first step, according to Borgerding, which he said WHA plans to continue in state budgets going forward.

Two new task forces were launched in 2017 to address dental access and post-acute care. These task forces have met several times, and they will continue to define the issues, identify partners and develop policy recommendations.

Borgerding summarized by saying, "The 2017 goals were driven by our members. Our agenda incorporates our members' input and I think the reason we remain relevant is because we listen to you, understand your needs and we translate that into impactful public policy."

The 2018 proposed goals will be presented at the February WHA Board meeting.

WHAIC wraps up a successful 2017

Brian Potter, WHA chief operating officer and senior vice president, presented a year-end summary of the WHA Information Center's (WHAIC) activities. Potter said WHAIC's goal is to continue to add value to the data they provide including developing better ways for members to turn data into actionable information. WHAIC's data visualization and analytics tool, Kaavio, continues to evolve to better serve the needs of health care data users.

Implementation activities around the WHA-supported Health Care Data Modernization Act of 2016 continued in 2017. Hospitals and ambulatory surgery centers (ASCs) attended multiple trainings and have been submitting test files in the 837 standard submission format described in the Act. Hospitals and ASCs will officially begin submitting data using the new format in the first quarter of 2018.

State update: eNLC, Medicaid issues, licensure

With 96 cosponsors—72 percent of the entire state Legislature—a bill was passed that will allow Wisconsin to join the enhanced Nurse Licensure Compact (eNLC). WHA led a coalition of health care organizations to move the Compact forward. Kyle O'Brien, WHA senior vice president, government relations, said Wisconsin will be the 27th state to join the eNLC when it is signed. The bill will be signed into law by Gov. Scott Walker at Southwest Health in Platteville.

WHA worked closely with Board of Nursing (BON) Chair Sheryl Krause, who commended WHA's leadership during a BON meeting for quickly moving this bill through the process. Ann Zenk, WHA vice president, workforce and clinical practice, and Krause testified together in both the Assembly and Senate Committee hearings. Senior leaders from Southwest Health in Platteville joined in providing testimony to the Committee—as nearly 20 percent of their nurses live in Iowa.

O'Brien said WHA appreciated the support of Sen. Howard Marklein and Rep. Nancy VanderMeer who played key roles in moving the bill forward.

For nearly two years, WHA has engaged with members, lawmakers and the Wisconsin Department of Health Services (DHS) to enact a clarifying policy that eliminates concerns/questions about the necessity to receive a physician co-signature for orders made by other providers. *(continued on page 6)*

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In August 2017, DHS—after several discussions with WHA—drafted legislation to clarify the policy Medicaid has been following for years by acknowledging both physician and non-physician orders as valid orders.

This clarification was swiftly introduced by Rep. John Nygren and Sen. Leah Vukmir as AB 529. Legislation was initially drafted by DHS at WHA’s request. WHA led a group memo to the Senate and Assembly Health Committees in support of the bill, including physician, physician assistant and nursing organizations. AB 529 was signed by Walker as 2017 Act 119 on November 30.

On November 9, a bipartisan piece of legislation providing additional regulatory certainty to hospitals and medical providers passed the state Assembly. It addresses issues raised during testimony from WHA and WHA members October 24 in support of Assembly Bill 538 at the Assembly Mental Health Committee hearing. This bipartisan, WHA-led bill reconciles Wisconsin’s emergency detention law with federal EMTALA (Emergency Medical Treatment and Active Labor Act) requirements for appropriate transfers of patients and provides additional liability clarity for health care providers treating patients during a mental health crisis. This long-awaited legislation is expected to be enacted in 2018.

O’Brien also briefed the Board on the latest developments around the Wisconsin Manufacturers & Commerce effort to impose price setting on health care providers caring for injured workers. WHA continues to strongly oppose this proposal and is working with a coalition of health care providers to stop it from advancing.

WHA reconvenes Network Adequacy Council; OCI considers 1332 waiver

The Wisconsin Office of the Commissioner of Insurance (OCI) sent to select stakeholders, including WHA, a preliminary bill draft intended to address network adequacy, according to Joanne Alig, WHA senior vice president, policy and research. OCI is also taking the opportunity to modify other provisions of the insurance statute with the goal of streamlining the regulatory structure.

Alig said the preliminary bill draft includes some significant changes and modifications that will take some time to fully analyze for their overall impacts on providers. While the draft is similar to a model act from the National Association of Insurance Commissioners, the language must be reviewed to ensure it is appropriate for Wisconsin.

Alig also provided the Board with an update on the current exchange enrollment process and numbers. In Wisconsin, as of December 2, 100,228 people had signed up for exchange coverage. With just two weeks left for open enrollment, which ends December 15, it remains to be seen whether Wisconsin will reach the same number of enrollees as it has in the past.

Alig discussed options available to states looking for ways to stabilize their markets, including the use of 1332 waivers. The 1332 waiver process can be used to make modifications to the state’s markets, within certain parameters. Alig reported that OCI is looking at options within the 1332 waiver process and is seeking a contractor to help them craft a proposal. Because currently the federal law requires that 1332 waiver proposals be approved in state law, the timeline for developing a proposal is short. To affect the 2019 benefit year, a proposal would have to pass the state Legislature in March and be submitted to the federal government by April. OCI will seek input from stakeholders as they move forward in developing a possible 1332 waiver proposal.

Board provides input on WHA’s APRN Modernization Bill advocacy

In early October, a coalition of nursing groups introduced the APRN Modernization Bill which would change licensure law governing advance practice nurses. Matthew Stanford, WHA general counsel, and Ann Zenk, WHA vice president, workforce and clinical practice, led a Board discussion on WHA’s proactive work on alternative bill language to reduce confusion regarding the licensure of nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), certified nurse midwives (CNMs), and

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clinical nurse specialists (CNSs) and to remove regulatory barriers to the practice of advanced practice nurses in a team-based care setting.

Zenk discussed how important APRNs are to integrated care delivery for WHA's members and provided an overview of WHA's proposal to explicitly recognize NPs, CRNAs, CNMs and CNSs as separately licensed professionals with their own established licensed scope of practice.

The Board reaffirmed the feedback and principles that WHA had received from individual member leaders and multiple WHA councils of the importance of having a clear but broad scope of practice in the statutes for APRNs, and that Wisconsin APRN licensure laws need to be consistent with the federal CMS Medicare payment rules requiring basic collaboration for nurse practitioners. The Board also reaffirmed the importance of ensuring that regardless of any practitioner's licensed scope of practice, hospitals and employers must maintain the right to determine the scope of their relationship with that practitioner.

Stanford said there is confusion and mischaracterization of Wisconsin and federal rules regarding APRN collaboration requirements, and he provided a detailed review and comparison of current and former laws. The Board agreed and suggested a need for additional education opportunities in 2018, regardless of whether legislation advances.

Federal issues: 340B, PABs, year-end funding bills

In early November, the Centers for Medicare & Medicaid Services (CMS) finalized the 2018 Outpatient Prospective Payment System (OPPS) rule, which included significant cuts to certain 340B providers. In response, the American Hospital Association, Association of American Medical Colleges, America's Essential Hospitals and three health care providers filed suit against CMS (*AHA v. Hargan*). A preliminary hearing on the lawsuit will be held December 21. Jenny Boese, WHA vice president, federal affairs & advocacy, said WHA is joining dozens of other state hospital associations across the country that will be filing an amicus brief in support of the health care providers.

Boese said both Chambers of the U.S. Congress have been moving rapidly on major tax policy legislation. Several provisions in those packages impact tax-exempt organizations, including hospitals. WHA is particularly concerned with a provision included in the House tax package related to private activity bonds (PABs). PABs are currently tax exempt for certain entities, including qualified 501(c)(3) organizations. Under the House legislation, the tax exemption is removed, which means interest on newly issued PABs would be included in income and thus subject to tax. If enacted, the provision would be effective for bonds issued after 2017. WHA opposes removal of tax-exemption status for these PABs and has relayed its opposition to the Wisconsin Delegation. WHA supports the Senate position on PABs. Boese said WHA, along with members, were in Washington recently to meet with Wisconsin's Congressional Delegation to express their opposition to the cuts in the 340B program and the elimination of tax exemption for PABs.

Boese also highlighted year-end funding legislation that Congress must still pass in order to fund the CHIP program, extend important Medicare policies—among other programs.

WHA's quality improvement work continues under new leadership

Kelly Court, WHA chief quality officer, presented what will be her final report as she is set to retire at the end of the year. Her co-presenter, Beth Dibbert, will assume Court's position. Dibbert has been leading the Hospital Innovation Improvement Network (HIIN) and will capably move into her new leadership role.

Court reviewed Wisconsin hospitals' CMS star ratings, which were the third highest (best) in the nation and detailed the progress WHA member hospitals have made in reducing infections and in decreasing hospital-acquired conditions, but noted there is still work to do in reducing preventable readmissions.

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In 2017, 82 hospitals enrolled in the HIIN. The goals of that program are to reduce harm 20 percent, reduce readmissions by 12 percent, institute antimicrobial stewardship programs, facilitate patient and family engagement and become a high reliability organization.

Dibbert and Court delivered Quality Essential Skills Training (QUEST) to more than 600 people in Wisconsin, Michigan and Illinois. In Wisconsin, the training attracted middle managers, infection prevention specialists and project leaders.



Beth Dibbert, Kelly Court, Mike Wallace

Court initiated a Quality Academy aimed at quality managers, and then replicated that successful program in creating a Physician Quality Academy.

Gov. Scott Walker issued a proclamation in honor of her service at WHA.

“Kelly has put Wisconsin on the map. The work she has done with CheckPoint is unequalled in the country,” Borgerding said. “Wisconsin is the first state in the country to have all the quality measures dynamically reported. Kelly has done a lot here that earned WHA the AHA’s Dick Davidson Award that recognizes hospital associations that are setting the pace for quality improvement. We will miss her, and we wish her all the best.”

Wisconsin Hospitals PAC & Conduit tops \$300,000, approaches goal!

WHA Past Chair Mike Wallace, president/CEO, Fort HealthCare and current WHA Advocacy Committee Chair, told the Board the Wisconsin Hospitals State PAC & Conduit is very close to meeting its 2017 goal of raising \$312,500. To date, the campaign raised \$302,500 from 320 individual contributors, putting it at 97 percent of goal. Wallace thanked Board members for their continuing support of WHA’s advocacy efforts. (*Read the full article on page 2.*)

In other actions, the Board approved the following actions:

- Council and Committee rosters
- WHA Foundation report
- WHA Information Center 2018 budget
- Nominees to the WHA Nominating and Awards Committee

Member recognition

The following members were recognized for their service on the Board:

- Catherine Jacobson, President/CEO, Froedtert Health
- Mike Wallace, President/CEO, Fort HealthCare
- Sandy Anderson, Regional Vice President, Ascension/Ministry Health Care
- Terry Brenny, President/CEO, Stoughton Hospital Association
- Nicole Clapp, President/CEO, Grant Regional Health Center
- Susan Edwards, President/CEO, ProHealth Care, Inc.

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“While enabling ‘top-of-license practice’ has traditionally been a concept we talk about for advanced practice clinicians, it is as important if not more important that we ensure physicians are able to practice at their ‘top-of-license,’” said Steve Kulick, MD, chair of the WHA Physician Leaders Council and chief medical officer for ProHealth Care.

In October, the Council reviewed and discussed the UW Family Practice study, “Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time Motion Observations,” which appeared in the September/October 2017 *Annals of Family Medicine* (see at www.annfammed.org/content/15/5/419.full.pdf). That study quantified the time family practice physicians spent on documentation and interactions with the EHR during and after the work day (see www.wha.org/wha-newsletter-9-15-2017.aspx#s7).

The UW researchers found clinicians spent 5.9 hours of an 11.4-hour workday in the EHR per 1.0 clinical full-time equivalent. The study tracked and measured non-resident UW family practice physician work and interactions with the EHR over a three-year period beginning in 2013. Documentation, order entry, billing and coding, security and other clerical and administrative tasks accounted for 2.6 hours of the workday, and inbox management accounted for an additional 1.4 hours.

The study also found that 1.4 hours of EHR time occurred outside of 8 a.m. to 6 p.m. clinic hours, and noted that a number of physicians had reduced their clinical FTE to less than full time due to workload. Continuing to expand WHA’s regulatory relief and reform advocacy to address regulatory burden directly affecting physicians was a key part of WHA’s integrated physician strategic guidance document adopted by the WHA Board in October.

“Regulatory burden not only personally impacts physicians and contributes to dissatisfaction, but also impacts the efficiency of health care delivery overall,” said Eric Borgerding, WHA president/CEO. “Addressing that regulatory burden on physicians will be a key focus for WHA as it develops its next five-year strategic plan in 2018.”

WHA advocacy on Medicaid outpatient behavioral health reimbursement for psychiatrists

WHA staff discussed recent WHA advocacy on implementation of the recently announced Medicaid reimbursement increase for outpatient behavioral health services. See November 22 WHA *Valued Voice* article at www.wha.org/wha-newsletter-11-22-2017.aspx#s5.

In written comments WHA provided to the Department of Health Services (DHS) in November, WHA thanked the Governor and DHS for this important investment of \$7 million in state funds to increase Medicaid reimbursement rates for professionals providing outpatient mental health and substance use disorder services.

However, as DHS implements that increase, WHA urged DHS to include evaluation and management (E/M) billing codes for psychiatrists, APNP-psych and psychiatric physician assistants in the list of procedure codes that will receive a reimbursement increase.

In October, WHA identified a concern that the E/M reimbursement codes utilized by psychiatrists are not located within the section of billing codes traditionally viewed as behavioral health codes. According to feedback provided to WHA by its members, E/M billing codes make up at least 80 percent of psychiatrists’ outpatient visits for Medicaid patients.

WHA also expressed concern about a draft implementation proposal that would pay physicians specializing in psychiatry, APNP-psych, and psychiatric physician assistants at the same rates as other behavioral health providers without prescriptive authority and lesser education and training requirements. Currently, psychiatrists, APNP-psych, and psychiatric physician assistants receive a higher reimbursement than non-prescribing psychotherapists. *(continued on page 10)*

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APRN Modernization Bill

The Council discussed and provided input on the recently introduced APRN Modernization Bill and WHA's advocacy to improve the bill. The Council discussed many of the same issues discussed by the WHA Board December 7. (See WHA Board article on page 1.)

Collaboration requirements for certified nurse midwives was one particular area of discussion by the Council. The Council agreed WHA should proactively recommend that the collaboration standard for certified nurse midwives that solely deliver babies in a hospital setting should be changed from a "collaborative agreement" standard to the lower "documented collaborative relationship" standard that currently applies to advanced practice nurse prescribers.

With the additional quality assurance and other regulatory structures in place in a hospital setting, moving from a collaborative agreement standard to the lower documented collaborative relationship standard makes a lot of sense for nurse midwives solely delivering in hospitals, explained one of the Council members who is an OB/GYN physician.

WHA physician education opportunities

WHA shared plans for the 2018 WHA Physician Quality Academy and the 2018 WHA Physician Leadership Development Conference.

Building on the inaugural 2017 WHA Physician Quality Academy, the two-day training session provides the training and resources for physicians and advanced practice providers who have an assigned role or have been asked to lead a project related to quality measurement and improvement within a WHA member organization. To view the agenda and registration, go to: www.wha.org/Data/Sites/1/education/2018PhysicianQA.pdf.

Chuck Shabino, MD, WHA chief medical officer, also provided an overview of the 2018 WHA Physician Leadership Development Conference scheduled March 9-10 in Kohler. The agenda and registration can be found here: www.wha.org/Data/Sites/1/education/2018PLD.pdf.

Medical malpractice non-economic damage caps

Matthew Stanford, WHA general counsel, briefed the Council on the status of the *Ascaris Mayo v. IPFCF* case challenging the constitutionality of Wisconsin's \$750,000 non-economic damage cap in medical malpractice cases. Stanford discussed WHA's strategy regarding the challenge to this important bipartisan public policy, including WHA's close collaboration with the Wisconsin Medical Society on this issue. For additional information see www.wha.org/wha-newsletter-11-17-2017.aspx#s2.

2018 MACRA/QPP changes

Kelly Court, WHA chief quality officer, and Laura Rose, WHA vice president, policy development, provided an overview of the 2018 Medicare Quality Payment Program (QPP) final rule. They discussed WHA's advocacy on the proposed rule, and the final participation requirements for 2018 and future years under the Merit-Based Incentive Payment System (MIPS) and the Advanced Alternative Payment Model (Advanced APM) pathways created by MACRA. For additional information, see www.wha.org/wha-newsletter-11-10-2017.aspx#s7.

Political Action Fundraising Campaign Contributors

Contributors ranging from \$1 to \$499

Anderson, Eric
Anderson, Marty
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